



# Exception Form

**Document:** SS-SOC2-001D **Version:** 1.0 **Date:** 2026-02-28

**Owner:** Skyles Over London LC - Security & Trust Office

**Applies to:** All systems handling client/customer data under SKYE governance

## Purpose

A controlled method to allow temporary non-compliance without hiding risk. Every exception must be time-bound, compensated, owned, and tracked to closure with evidence.

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## Exception identification

Exception ID (SS-SOC2-EX-YYYY-###)	_____
Date Submitted	_____
Submitted By	_____
System Name	_____
System Owner	_____
Control Domain (SS-IAM / SS-CHG / ...)	_____
Control Reference (e.g., SS-SOC2-001A 1.7 Access Review Cadence)	_____

## Exception type (select one)

<input type="checkbox"/>	Temporary gap	<input type="checkbox"/>	Legacy constraint	<input type="checkbox"/>	Vendor limitation
<input type="checkbox"/>	Emergency change	<input type="checkbox"/>	Other	<input type="checkbox"/>	



### What is being excepted (clear description)


### Why the exception is needed (business/technical justification)


### Risk statement

Likelihood: Low / Medium / High Impact: Low / Medium / High

Risk summary (2-5 sentences):



## Compensating controls (what we do instead, right now)

1) _____
2) _____
3) _____

## Scope of impact

Environments affected (Dev/Staging/Prod)	_____
Users affected (Internal only / Customers / Partners)	_____
Data affected (Public/Internal/Confidential/Restricted)	_____
Geography/regulatory impact (if any)	_____

## Remediation plan (mandatory)

Fix owner	_____
Target completion date	_____
Validation method (how we prove it is fixed)	_____

Action steps:

- Step 1: \_\_\_\_\_

- Step 2: \_\_\_\_\_

- Step 3: \_\_\_\_\_

## Exception duration

Start date	_____
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End date (must be time-bound)	_____
Review cadence during exception (Weekly / Monthly)	_____

## Approvals

System Owner (name + date)	_____
Security & Trust Office Approver (name + date)	_____
Executive Approver (required for High risk) (name + date)	_____

## Closure

Date closed	_____
Closure evidence link/path	_____
Notes	_____