DEPARTMENT OF CORRECTIONS	State of New Jersey DEPARTMENT OF CORRECTION COUNTY CORRECTIONAL FACILIT REQUEST FOR RULE EXEMPTION	IS N.J.A.C. 10A:31-1.8 Y Page of		
Date of Request:	Adult County Correctional Facility:			
Name of Preparer/Inmate:	In	mate SBI #:		
Citation of the rule affected N.J.A.C. 10A:				
Describe in detail how the practice deviates from the rule:				
Explain instances when strict compliance with the affected rule would result in undue hardship, an inability to meet a therapeutic, rehabilitative or medical need and/or a security risk:				
Source of Funds (if applicable):				

For DOC use only

Adult County Correctional Facility Administrator Recommending the Rule Exemption:

Printed Name	Signature		Date
County Services: Approved Denied		Recommended for up to: 2 ye	ars 5 years
Printed Name	Signature		Date
Deputy Commissioner or Assistant Commissioner Division	n of Operations:	Approved	Denied
Printed Name	Signature		Date
Assistant Commissioner Diversity and Legal Affairs:		Approved	Denied
Printed Name	Signature		Date
Chief of Staff:		Approved	Denied
Printed Name	Signature		Date
Commissioner		Approved	Denied
Printed Name	Signature		Date