

Fresno Regional Workforce Development Board

A proud member of America's Job Center of California<sup>SM</sup> Network

2125 Kern St. Suite 208 Fresno, CA 93721 • (559) 490-7100 • Fax (559) 490-7199 www.frwdb.net

Request for Waiver

All Providers must submit the following information when requesting a waiver to Local Policy, Operational Directive, Work Instruction or Form. You may scan and email to waiverrequests@workforce-connection.com, hand deliver, or FAX to the Fresno Regional Workforce Development Board.

Date of Request: \_\_\_\_\_

Funding Source:

- Adult 85%, Out-of- School Youth, Other, D/W 85%, In-School Youth

Affected FRWDB Process Area (check one)

List OD/PB/IB#: \_\_\_\_\_

- Supportive Services, Training, Eligibility, Performance Measures, Assessments, Other

Waiver Information:

Participant's Name: \_\_\_\_\_ State ID #: \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Your waiver request must include the following documentation:

Describe in detail your request for the waiver. Your narrative (justification) must be attached and include:

- 1) The specific reason(s) and justification for the for waiver;
2) An explanation of why this request should be approved;
3) Attach all supporting documentation to support the request;
4) Supervisor/Management Review/Approval

Waivers submitted with incomplete or missing information will be returned for correction

Supervisor/Management Review/Approval & Title

Date of this request

Approved: [ ] Denied: [ ]

FRWDB Deputy Director of Program Services or designee

Date: \_\_\_\_\_

FRWDB Comments:

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**Waiver Information**

Participant Name: \_\_\_\_\_ Application #: \_\_\_\_\_

**Attach all supporting documentation:**

- DMV printout     Supportive Service (Forms: SUP-002, or SUP-006)
- Other: \_\_\_\_\_

**Purpose of Waiver:**(clear and concise explanation of what is being requested to be waived):

**Detailed justification for Waiver provided below**

- **Description of services previously provided (if applicable):**

- **List of payments for ITA/Supportive Services/Incentives already received (current and previous enrollments):**

Description	Amount

- **Why should this request be approved:** (please attached additional pages if needed)