**SC WORKS GREATER UPSTATE – WAIVER REQUEST FORM**

**The request is being made to the following LWDB:**

Greenville County Workforce Development Board  Upstate Workforce Board

**Date of Request: Effective Date:**

**Program Type:**  Adult  Dislocated Worker

**Customer’s Name: SCWOS ID:**

**Staff Contact Person:**

**Staff Telephone Number: Staff Email Address**:

**Waiver Request Category (Check all that apply):**

Individual Training Account (ITA)

Training exceeds $6,000 per year ITA limit

Training falls outside regional in-demand industries/occupations

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-the-Job Training (OJT)

Training exceeds $6,000 per year ITA limit

Number of OJTs exceeds 5 slots or 25% of an employer’s workforce (whichever is less)

WIN testing will not take place prior to the start of the OJT

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supportive Services

Supportive service exceeds limits detailed in R17-02

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Selective Service – Customer did not register as required by law

Out-of-County Applicant

The applicant has previously been enrolled in WIOA.

If checked, provide dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the applicant benefit from being served in this region?

Availability of training

Closer to residential address, work, or school

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to process your waiver request the following documentation must be submitted and attached to this information sheet.**

Describe in detail your request for the waiver. Your narrative must include the following:

1. The specific reason(s) and justification for the waiver;
2. An explanation of how the waiver will help meet the needs of the customer;
3. If the waiver is for training activities, the Scholarship Application must be attached.

**Waivers submitted with incomplete or missing information will not be reviewed for approval. (Additional data may be attached)**

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Signature of Talent Development Specialist Date of this request

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Signature of Project Director/Supervisor Date of this request

Approved  Denied

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

Local Board Executive Director or Associate Director