



GUIDANCE - EMAIL MEMORANDUM

GEM #11-001, Revision 3

Updated: March 27, 2017 **Original Date:** December 15, 2011

Applies To: WIOA Funded Programs (Adult, Dislocated Worker, Youth, RRAA, NEG, Discretionary)

Subject: Selective Service Registration Requirement & Waiver Form

Background:

On November 23, 2011, the U.S. Department of Labor issued TEGL 11-11 regarding Selective Service Registration Requirements for applicants to and participants in Workforce Investment Act funded programs, now WIOA funded programs as of July 1, 2015. The previous TEGL (#8-98) regarding Selective Service was dated November 4, 1998 and applied to JTPA funded programs.

A review of the new TEGL #11-11 and the old TEGL #8-98 found no changes in content regarding registration. The new TEGL does include additional registration information from the Selective Service website and makes the formal update to show a change which was applicable to WIA and WIOA alike.

On May 31, 2013, the State of Washington Workforce & Career Development Division published Policy 1019 that includes an Eligibility Policy Handbook – Attachment A. The Policy and Handbook were both updated on January 8, 2016. See Handbook for Selective Service Requirements (5.2).

http://www.wa.gov/esd/1stop/policies/documents/systems/1019Rev2_EligibilityGuidelinesandDocumentationRequirements_Final.pdf

Action Required of WIOA Program Operators:

1. Continue to document Selective Service registration as an eligibility requirement before enrollment into a program. Or, in the case of males enrolled in a Youth program before their 18th birthday, document that the individual has registered no later than 30 days after his 18th birthday in order to continue the receipt of WIOA funded services.
2. Continue to submit waivers for applicants who did not register, dispose of all previous “Waiver Request for Selective Service” forms, and begin to use the updated waiver form dated March 27, 2017.
3. Respond to this email within 5 days to verify you did receive this email and have distributed it to appropriate staff.
4. Go to Selective Service website for in depth information or send questions to: michelle@pacmtn.org

References:

- TEGL 11-11 http://wdr.doleta.gov/directives/attach/TEGL/tegl_11_11acc.pdf
- Selective Service website – www.sss.gov

PAC MTN WAIVER REQUEST FOR SELECTIVE SERVICE REGISTRATION
Updated 3/27/2017

Instructions for WIOA Program Operator:

- 1) Before submitting this waiver, go to the Selective Service website to verify that the applicant is not registered;
- 2) If they are not registered, ask the applicant for a copy of his Status Information Letter (SIL). Scan a copy of the SIL and send with this waiver. If the applicant doesn't have an SIL, he can request it on-line. Do not wait for the SIL to submit this waiver. Do provide the date of his request.
- 3) Ask the applicant to write or type a statement explaining why he didn't register for the Selective Service. See TEGL 11-11 for the type of information/documentation that the applicant may provide.
- 4) Complete & sign the form, scan waiver & attachments then email to corinne@pacmtn.org with a copy to craig@pacmtn.org. These may also be hand delivered or faxed to: (360) 704-6444.
- 5) You will receive an emailed either asking for more information or if the waiver is approved, you will receive a scanned copy with the Director's signature. Allow 2 -3 days.

FILL IN BELOW AND OBTAIN OTHER DOCUMENTATION

Date: _____ Circle: Adult *or* DW *or* Youth *or* Other _____ County: _____

Applicant Name: _____ Date of Birth: _____

Date Entered the USA (if applicable): _____ Monster ID#: _____

Is SIL attached: ___yes ___no (if no, indicate date the SIL was requested: _____)

Send the following with the completed waiver form:

- a) A statement from the applicant that explains why he failed to register.
- b) Status Information Letter (or indicate the date this was requested from Selective Service).
- c) Copies of any documentation the applicant can provide to substantiate his statement.

** If the applicant has given you any reason to think that he knowingly or willfully failed to register for Selective Service, provide a statement as an attachment.

Staff Signature and Date

PacMtn Director of Workforce Programs

Approved

Denied

Date