



Waiver Approval Request for ITA/Cohort Training Cost Increase or Duration Extension

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

Training Program Title: \_\_\_\_\_

Training Description: \_\_\_\_\_

**Type of Training**

- ITA Tuition Training     Contract Cohort Training

**Waiver Request - (WIOA Adult/DW Programs)**

- Training exceeds \$7,000 dollar cap - From: \$\_\_\_\_\_ To: \$\_\_\_\_\_  
 Training extends past 6 quarters duration allowance

**Waiver Request - (C2C Only)**

- Training exceeds \$6,000 dollar cap - From: \$\_\_\_\_\_ To: \$\_\_\_\_\_  
 Training extends past 6 month duration allowance

Please explain the need for the cost increase or extension of training duration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any applicable documentation to support Waiver approval

Staff Name: \_\_\_\_\_ Program: \_\_\_\_\_

Phone: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant: \_\_\_\_\_ ETO ID/Case #: \_\_\_\_\_

\_\_\_\_\_  
Program Supervisor/Manager

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
DENIED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PacMtn Administration

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
DENIED

\_\_\_\_\_  
DATE