Selective Service Registration Requirement & Waiver Form

WIOA Funded Programs
(Adult, Dislocated Worker, Youth, RR, NEG, Discretionary, Etc.)

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, newly identified as Workforce Innovation and Opportunity Act (WIOA) funded programs as of July 1, 2015. TEGL 11-11 Change 2 was introduced and active as of May 12, 2012

TEGL #11-11 Change 2 clarifies the implementation of the Selective Service registration requirements of the Workforce Investment Act (WIA) of 1998 § 189(h), codified at 20 CFR 667.250, and the Military Selective Service Act (50 U.S.C. App. 453), codified at 32 CFR Part 1605. This guidance clarifies that grantees, subgrantees, or contractors funded or authorized by Title I of WIA (WIOA) must set a policy for potential participants who are males 26 years old or older that failed to register with the Selective Service. The policy may either (1) request a Status Information Letter from a potential participant before making a determination of knowing and willful failure to register; or (2) initiate the process to determine if the potential participant's failure to register was knowing and willful without the first requesting a Status Information Letter (see Section 4. Ensuring Selective Service Compliance in the Public Workforce System). This clarification replaces and supersedes prior guidance issued.

WA State Policy 1019 which includes an Eligibility Policy Handbook – Attachment A, have also been updated to updated to verify Selective Service Requirements.

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.

References:

- Selective Service website – www.sss.gov

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 Change 2 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