



PACIFIC MOUNTAIN
WORKFORCE DEVELOPMENT AREA
Waiver Request for Adult-DW ITA Training Approval

Date: _____

Contractor: _____

Staff Contact: _____

Program: _____

Phone: _____

Office: _____

Applicant: _____

ETO ID/Case #: _____

Job/Occupation of Dislocation: _____

Date of Termination: _____

City/State (location of job): _____

Any previous training funded by this or another WIOA program? If yes, provide date, amount of funding provided, program and explain here.

Check the reason for Waiver and attach documentation to substantiate the justification: (Please attach any applicable documentation to support Waiver approval)

- Input checkboxes for reasons: A geographic area within the PMWDA has a demand/decline status... The occupation is in demand in an area where the participant/registrant is willing to relocate... The occupation is in demand within the PMWDA but is too small to be included on the D/D List... Local employer(s) have employment opportunities but lack qualified workers... The occupation shows as In Decline/Balanced on the D/D list... The occupation or skills for the requested training is new or emerging within the area or not listed by LMEA... Other, list:

Additional Explanation of need and justification for Waiver Request:

Program Staff APPROVED DENIED DATE

Program Supervisor/Manager APPROVED DENIED DATE

PacMtn Director of Workforce Services APPROVED DENIED DATE