



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

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 #: \_\_\_\_\_

\_\_\_\_\_  
PacMtn Director of Workforce Services APPROVED DENIED DATE

\_\_\_\_\_  
Program Supervisor/Manager APPROVED DENIED DATE