



**ATTACHMENT 1
Pacific Mountain WDC
(PacMtn) Waiver Request**

Required whenever the total cumulative support total exceeds the \$2,000 allowable limit

Total Support Service to be issued in any individual or consecutive program years may not exceed the (\$5,000) maximum funding limit.

PROGRAM OPERATOR: _____ **DATE:** _____

CONTACT: _____ **PHONE:** _____

PARTICIPANT: _____

Program _____ **Program Enrollment Date:** _____

Current status in program - Where are they in their Individual Participant Plan: (In training, in job search, pre-exit, etc.?)

Please Explain: _____

Co-enrolled: Yes____ No____

(If Yes, other program), _____

Total Support Services (\$) Provided To Date: _____

JUSTIFICATION OF WAIVER (Include additional supporting documents or information if needed)

Program Staff

Date Requested

Program Manager/Supervisor/Lead

Approved

Denied

Date

PacMtn Director of Workforce Programs

Approved

Denied

Date