



PacMtn Service Waiver Form

Date: _____ Contractor: _____

Participant: _____ County: _____ ETO ID: _____

Program (funds are being requested from) _____

Enrollment Date: _____ Staff Requesting: _____

Service Type

- ITA OJT WEX Support Services Incentives

Waiver Request -

Service exceeds dollar cap - From: \$_____ To: \$_____

For all service cap guidelines please go to the [PacMtn Policy Page](#) for more information.

Please explain the need for the cost increase.

Please attach any applicable documentation to support Waiver approval

Authorized PacMtn Staff APPROVED DENIED DATE

Program Supervisor/Manager APPROVED DENIED DATE