

Policy Exception Request Form

Exception requests will be reviewed based on their allowability under WIOA and any other applicable legislation , regulation , and policy/guidance . Partner4Work will also consider funding availability , how an exception will lead to improved outcomes for the customer(s) being served, and other relevant factors.

Please submit all applicable information:

Name of Participant or Business (for which an exception is requested): _____

Participant ID or Business FEIN: _____ **Date of Filing (MM/DD/YYYY):** _____

Service Provider Name: _____ **Case Manager:** _____

Provider Phone Number: _____ **Provider Email:** _____

Participant-Level Exception

Program-Level Exception

Exception Sunset Date _____

The Policy for which an exception is being requested:

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Customized Job Training Policy | <input type="checkbox"/> On-the-Job Training Policy | <input type="checkbox"/> Youth Incentive Policy |
| <input type="checkbox"/> Follow-Up Services Policy | <input type="checkbox"/> Stipend Policy | <input type="checkbox"/> Youth Work Experience Policy |
| <input type="checkbox"/> Incumbent Worker Training Policy | <input type="checkbox"/> Supportive Services Policy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Individual Training Account Policy | <input type="checkbox"/> Transitional Jobs Policy | |

Specific policy requirement for which an exception is requested:

Describe the reason and/or need for the exception:

Signature:

Requesting Party (Printed name)

(Signature)

Date (MM/DD/YYYY)

Partner4Work (Printed name)

(Signature)

Date (MM/DD/YYYY)