SC WORKS GREATER UPSTATE – WAIVER REQUEST FORM

The request is being made to ☐ Greenville County Workfor	-	☐ Upstate Workforce Board	
Date of Request:	Effective Date:		
Program Type: Adult Customer's Name: Staff Contact Person:	☐ Dislocated Worker	SCWOS ID:	
Staff Telephone Number:		Staff Email Address:	
Waiver Request Category (Che Individual Training Account Training exceeds 9			
☐ Training falls outs ☐ Other:	ide regional in-demand i	ndustries/occupations	
☐ Number of OJTs e	\$6,000 per year ITA limit xceeds 5 slots or 25% of ot take place prior to the	an employer's workforce (whichever is less)	
☐ Other: ☐ Supportive Services	e exceeds limits detailed		
• • • • • • • • • • • • • • • • • • • •			
☐ The applicant has If checked, provid	previously been enrolled e dates: benefit from being serve		-
Availability of traiCloser to resident	ning ial address, work, or scho		
information sheet. Describe in detail your request 1. The specific reason(s) and 2. An explanation of how the	t for the waiver. Your na justification for the waiv waiver will help meet th		ached to this
Waivers submitted with incormay be attached)	nplete or missing inform	ation will not be reviewed for approval. (A	dditional data
Signature of Talent Developme	ent Specialist	Date of this request	

Signature of Project Director/Supervisor		Date of this request	
Approved \square	Denied \square		
		Date:	
Local Board Execut	tive Director or Associate Director		