



On-The Job-Training (OJT)
Rule Exception Request

LOCAL OFFICE:
CAREER COACH NAME: TELEPHONE:
JAS ID NUMBER: DATE:
PARTICIPANT'S NAME:

1. PARTICIPANT'S INFORMATION:

Table with 5 columns: LAST NAME, FIRST NAME, MI, Birth Date, TRAINING/EMPLOYMENT STATUS

2. Justification for OJT request:

- Employer provides medical coverage
Employer provides dental coverage
Employer provides retirement benefits
Employer offers a defined career pathway with set wages increase milestones (to be included in the ETR request).

3. Signature of Career Coach:

4. TO BE COMPLETED BY LOCAL ADMINISTRATOR:

5. WORKFIRST ADMINISTRATION UNIT ACTION

- APPROVED DENIED
COMMENTS:

Decision telephoned to Exception Coordinator:

Date:

Approving Authority Signature:

Date: