

**REQUEST FOR WAIVER
FROM THE REQUIRED VOCATIONAL EDUCATION PROGRAM**

INMATE NAME: _____ DIN #: _____ FACILITY: _____ CELL: _____

PROGRAM: _____ DATE: _____ (Waiver valid for one year)

I. REASON FOR REQUEST

- 1. _____ Disciplinary
- 2. _____ Failure to Progress
- 3. _____ Medical, Psychological, Emotional reason
- 4. _____ Safety
- 5. _____ Other (Explain below)

II. SPECIFIC REASON FOR WAIVER (To be completed by inmate’s Instructor if inmate is currently enrolled, or by the inmate’s Offender Rehabilitation Coordinator (ORC) if not currently enrolled. Use additional attached sheets if needed)

III. SIGNATURES

Instructor/ORC _____ Date _____

Vocational Supervisor _____ Date _____

Deputy Supt. for Programs _____ Date _____

IV. QUARTERLY REVIEWS

DATE	ORC	ACTION RECOMMENDED
_____	_____	_____ Continue Waiver _____ Assign to Vocational Program
_____	_____	_____ Continue Waiver _____ Assign to Vocational Program
_____	_____	_____ Continue Waiver _____ Assign to Vocational Program