Waiver of Repayment Request Form

Participant and Request Details (Please review attached instructions prior to filling out this request.)

[1]Legal Name:		
[2]Job Title:		
[3]Street Address:		
[4]Mailing Address:		
[5]City:	[6]State:	[7]Zip:
[8]Telephone:	[9]E-mail address (if you have one):	
[10]STARS Number:	[11]Social Security Number:	
[12]Contract Begin Date:	[13]Contract End Date:	
[14]Child Care Business Name:		
[15]Do you intend to re-enter this coursework at a later date? ☐ Yes ☐ No		

[16]Date(s) of Event(s) that you are requesting a waiver for:	[17]Type of Event(s) that you are requesting a waiver for:	☐ Death ☐ Major medical occurrence ☐ Activation for military service ☐ An emergency, involving yourself or an immediate family member that reasonably precludes the ability to complete the approved coursework.

[18]If you are applying for a waiver due to a medical occurrence, please attach a note from your physician. If you are applying for a waiver due to military service, please attach a copy of your official military orders. If you are applying for a waiver due to an emergency, please attach a signed, legible request listing all information relevant to the request and as well as verification documentation. With any waiver request, please submit any additional documentation you feel is necessary for consideration of your request.

[**]Verification documentation shall be provided with this request and returned to the Wyoming Department of Workforce Services.

Office Use ONLY
Date Postmark:

Date Received:
Application/Contract No.:
Date Approved:

Signatures

I certify that the information in this waiver request is true and accurate to the best of my knowledge. I am aware that providing any false information or intended omissions may subject me to civil or criminal penalties for filing false public records.

Participant or Requestor Signature Date

Printed Name and Title Date

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(DWS Office Use Only)

Authorized Signature Date

Printed Name and Title Date

Instructions – WY Quality Counts! Waiver of Repayment Request

General Instructions

All waiver requests must be completed on the official application form and must be mailed, faxed or hand-delivered to:

Wyoming Department of Workforce Services
Attn: WY Quality Counts Program
5221 Yellowstone Rd.
Cheyenne, WY 82002
(Fax) 1-307-777-5857 or email to denise.steele@wyo.gov

Important: DWS may grant, at its discretion, a waiver of the repayment requirements when a participant cannot meet the WY Quality Counts! Educational Development Program requirements due to his/her:

- A major medical occurrence;
- Activation for military service;
- Death; or
- An emergency, involving yourself or an immediate family member, that reasonably precludes the ability to complete the approved coursework.

Verification of termination without cause, a major medical occurrence or activation for military service shall be provided with the participant's written waiver request to DWS.

Submit the following with the waiver request:

- Statement of the event and why you request the waiver (in detail).
- Proof to validate your request (employer letters, Doctor's orders, military orders).
- Participants may attach other documentation to support the form as desired.

Assistance is also available by contacting the DWS WY Quality Counts! Program in Cheyenne at (307) 777-2439 or E-mail to: wyqcc@wyo.gov

Please see our website at www.wyqualitycounts.org for WY Quality Counts! Program information.

Participant Information

1. Legal Name — The legal name of the participant for whom the waiver is being applied for.
2. Job Title — If applicable, participant current job title
3. Street Address — Physical address of the participant.

4. Mailing Address — Only list if different from Block 3 (Street Address).
5. City — City of residence.
6. State — State of residence.
7. Zip — Zip Code.
8. Telephone — Telephone Number, area code first, for the contact individual.
9. E-mail address — If available, provide the e-mail address of the individual applying for waiver.
10. STARS Number — If applicable, STARS Number.
11. Social Security Number— The Social Security Number of the Participant the waiver is regarding.
12. Contract Begin Date — The date of the contract with DWS was signed by all parties.
13. Contract End Date —The date the Contract with DWS is scheduled to end.
14. Child Care Business Name —The name child care facility the participant's is employed with.
15. Indicate whether the participant plans to re-enter this coursework at a later date.
16. Date of the event(s) that you are requesting a waiver for — Indicate the exact date(s) the incident.
17. Indicate the cause/event preventing completion of the Contract or coursework.
18. If you are applying for a waiver due to a medical occurrence, please attach a note from your physician. If you are applying for a waiver due to military service, please attach a copy of your official military orders. If you are applying for a waiver due to an emergency, please attach a signed, legible request listing all information relevant to the request and as well as verification documentation. With any waiver request, please submit any additional documentation you feel is necessary for consideration of your request.

Signatures

Failure to sign will result in denial of the request.

The original, completed waiver request, with any supporting documentation or letters, must be mailed, faxed or hand-delivered to the address or fax number listed above. Fax or emailed copies will not be accepted.