

## **HIGH SCHOOL DIPLOMA/GED WAIVER REQUEST**

Instructions: Please fill out this form completely and return via email to the sender.

Agency Name: Click here to enter text.

Agency Contact Person: Click here to enter text.

Contact Person's Email Address: Click here to enter text.

1. Full name of employee for whom the waiver is requested: Click here to enter text.
2. Date of Hire: Click here to enter a date.
3. Job Title: Click here to enter text.
4. Job Duties: Click here to enter text.
5. Explanation of why the provider would like to maintain the employee in a direct service position:  
Click here to enter text.
6. Is this employee responsible for administering medications to any individual? No
7. Is the employee enrolled in a GED program and if so, when is completion of the GED expected?  
Click here to enter text.