**HIGH SCHOOL DIPLOMA/GED RULE WAIVER REQUEST FORM**

**The purpose of the rule waiver process is to allow direct support professionals up to one year to obtain their GED or high school diploma as required in rule 5123: 2-1-02 (D)(1)(c).**

Instructions: Please fill out this form completely and return the word document via email to:

[**Diploma-GEDWaiver@dodd.ohio.gov**](mailto:Diploma-GEDWaiver@dodd.ohio.gov)

Date of Request: Click here to enter a date.

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. Last 4 digits of SS#: Click here to enter text.
3. Date of Birth: Click here to enter a date.
4. Date of Hire: Click here to enter a date.
5. Job Title: Click here to enter text.
6. Job Duties: Click here to enter text.
7. Is this employee responsible for administering medications to any individual? Choose an item.

*NOTE: The HSD/GED requirement for medication administration cannot be waived.*

1. Is the employee enrolled in a GED program? Choose an item.
2. When is completion of the GED expected? Click here to enter text.
3. Explanation of why the provider would like to maintain the employee in a direct service position:

Click here to enter text.