



Office of Economic and Workforce Development

Employment and Education Placement Waiver

AGENCY

Agency Name: _____ Date: _____

Participant Name: _____ Waiver #: _____

*Agency staff attempted to obtain employment verification on three separate occasions and is **reflected in the attached participant case notes***

Attempt 1 Date: _____ Attempt 2 Date: _____ Attempt 3 Date: _____

EMPLOYER/EDUCATIONAL INSTITUTION INFORMATION

Employer/Educational Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____ Employer Contact Phone: _____

Primary Employer Contact Email: _____

EMPLOYMENT INFORMATION

Job Title: _____

Hours/Week: _____ Hourly Wage: _____ Job Start Date: _____

Job Duties: _____

Health or Fringe Benefits: Yes No Job Covered by Unemployment Compensation: Yes No

Non-Traditional Employment: Yes No Training Related Employment: Yes No

EDUCATION INFORMATION

Educational Placement: Post-Secondary Edu. Advanced Training Enrollment/Start Date: _____

VERIFICATION

**By signing this document, the program director/program staff is attesting that all efforts to obtain employment verification normally have been exhausted and that there is no alternative to using an employment placement waiver.*

Program Staff:

Name (print) Signature Date

Program Director:

Name (print) Signature Date

*Employment Placement Waiver approved by OEWD Program Officer: Yes No - If No, state reason: _____

OEWD Program Officer:

Name (print) Signature Date

One South Van Ness Avenue, 5th Floor
San Francisco, CA 94103



(415)701-4848 (415)701-4897 oewd.org
workforce.development@sfgov.org