



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 \_\_\_\_\_

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