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| --- | --- | --- |
|  | **RULE EXCEPTION****REQUEST** | LOCAL OFFICE MAIL STOPWORKER’S NAME TELEPHONE NUMBERCASE NUMBER DATECASE NAME |
| 1. Client information (name of adults and/or children):  |
| LAST NAME | FIRST NAME | MI | BIRTH DATE | TRAINING OR EMPLOYMENT STATUS |
|  |  |  |  |  |
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| 2. WAC references (reference to which exception is requested): |
| 3. Specific nature of request: |
| 4. Justification for request: |
| 5. Alternatives explored: |

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| --- |
| 6. Consequences if Exception to Rule is denied: |
| 7. Previous exceptions:Any previous Exceptions to Rule? **[ ]**  YES **[ ]**  NO Date:  | **[ ]**  APPROVED**[ ]**  DENIED |
| What was the Exception to Rule for?  |
| Signature of Worker:   |
| 8. Dates for which rule exception is requested:a. From  To  | b. **[ ]**  ONE-TIME OR **[ ]**  CONTINUING |
| 9. Additional costs of exception: |
|  | MONTHLY AMOUNT | OR | ONE-TIME AMOUNT | OR | TOTAL AMOUNT | For medical exceptions, specify the estimated total: | **$**  |  |
|  |
| **10. TO BE COMPLETED BY LOCAL ADMINISTRATOR** |
| **[ ]**  ENDORSED**[ ]**  NOT ENDORSED | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |
| **11. STATE OFFICE ACTION** |
| a. **[ ]**  APPROVED **[ ]**  DENIED (See comments)b. COMMENTS: |
| c. Decision telephoned to Exception Coordinator **>** | DATE |  |
| Approving Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |
| CODE FOR S.O. USE ONLY |  |