



DCYF/CWEP Course Waiver Request Form



Please read before completing the following form:

A waiver is completed when a staff member does not need to take a course. A Course Waiver Request Form must be filled out by the supervisor and submitted to the Field Administrator (FA)/Facility Director or their designee for approval. Waivers will only be approved if there is sufficient evidence/information presented in the waiver that the staff member possesses the knowledge and has the competency to perform duties of their position without taking the course. The staff member must be aware that their supervisor is seeking a waiver for the training and agree they do not need to complete the course.

Procedure for Waivers:

1. The staff member and their supervisor discuss the course(s) considered for a waiver.
2. The staff member demonstrates to their supervisor a level of knowledge about the topic(s) or skill(s) and articulates competency for the topic(s) or skill(s).
3. The staff member and their supervisor agree they do not need to take the course(s).
4. The supervisor submits the Course Waiver Request Form to the FA/Facility Director or their designee, including the rationale for the waiver.
5. The FA/Facility Director or their designee approves/denies the waiver and submits it to the supervisor and the Instructor Coach assigned to that District Office (DO).
6. The Instructor Coach (IC) will consult with the supervisor about the rationale for waiving the course and the competencies taught in the course prior to sending the request on to the DCYF Training Administrator for final approval.
7. The IC communicates any concerns for the waiver to the DCYF Training Administrator.
8. The DCYF Training Administrator then approves or denies the request. The waiver is returned electronically to the supervisor with the decision. The assigned IC for the DO is copied on the email so they are aware of the decision on the waiver.
9. Waivers are compiled and stored by the CWEP Quality Assurance Specialist; the waivers are then entered into Bridges.

If you have any questions, please reach out to CWEP at Info.CWEP@granite.edu.



DCYF/CWEP Permanent Waiver Request Form



Staff Name: _____

Date: _____

District Office: _____

Supervisor: _____

Field Administrator: _____

Courses Requested to be Waived:

Reason for Waiver:

(Include any supporting documentation with emailed waiver form if applicable)

DCYF Supervisor Signature: **Date Signed:** _____

DCYF Field Administrator Signature: **Date Signed:** _____

DCYF Training Administrator Signature: **Date Signed:** _____