



**RULE EXCEPTION
REQUEST**

LOCAL OFFICE: Cost Center #:	MAILSTOP Project Code:
WORKER'S NAME (and FAX)	TELEPHONE NUMBER
CASE NUMBER JAS ID:	DATE
CASE NAME Sub-cat code:	Component code: CJ

1. Client information (name of adults and/or children):

LAST NAME	FIRST NAME	MI	BIRTH DATE	TRAINING OR EMPLOYMENT STATUS
				Community Jobs

2. WAC references (reference to which exception is requested):

3. Specific nature of request:

4. Justification for request:

5. Alternatives explored:

