

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REQUEST FOR WAIVER FROM THE REQUIRED VOCATIONAL EDUCATION PROGRAM

INCARCERATED INDIVIDUAL NAME: \_\_\_\_\_

DIN: \_\_\_\_\_ FACILITY: \_\_\_\_\_ CELL: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_ (Waiver valid for one year)

I. REASON FOR REQUEST

- 1. \_\_\_\_\_ Disciplinary
2. \_\_\_\_\_ Failure to Progress
3. \_\_\_\_\_ Medical, Psychological, Emotional reason
4. \_\_\_\_\_ Safety
5. \_\_\_\_\_ Other (Explain below)

II. SPECIFIC REASON FOR WAIVER (To be completed by the incarcerated individual's Instructor if the incarcerated individual is currently enrolled, or by the incarcerated individual's Offender Rehabilitation Coordinator [ORC] if not currently enrolled. Use additional attached sheets if needed)

III. SIGNATURES

Instructor/ORC \_\_\_\_\_ Date \_\_\_\_\_
Vocational Supervisor \_\_\_\_\_ Date \_\_\_\_\_
Deputy Supt. for Programs \_\_\_\_\_ Date \_\_\_\_\_

IV. QUARTERLY REVIEWS

Table with columns: DATE, ORC, ACTION RECOMMENDED. Rows include options like Continue Waiver and Assign to Vocational Program.