



## Waiver Request Form

Name:			
Employer:			
Work Email:			
Current Expiration Date (for time extension request):		New Expiration Date Requested (for time extension request):	
Date Waiver Submitted:			
<b>REASON FOR WAIVER REQUEST</b>			
<input type="checkbox"/> Medical delay	<input type="checkbox"/> Military Deployment delay	<input type="checkbox"/> Other delay	<input type="checkbox"/> Request to participate
Explain the reasons for the request for this waiver. (Limit 1,000 words) (Please attach all pertinent documentation with the initial submission so your waiver request can be properly reviewed.)			
<b>ACTION TAKEN (For IFPC PMO Only)</b>			
<input type="checkbox"/> Waiver is approved			
<input type="checkbox"/> Waiver is rejected			
<input type="checkbox"/> Return – Incomplete information in the waiver request/additional information is requested.			
Submit no later than:			
Comments:			

CPMO Signature: \_\_\_\_\_ Date: \_\_\_\_\_