

Petition for Waiver of Rule 65C-15.017(3)

Effective Date: 4-29-15

Submit this completed form and any attachments to the Agency Clerk as follows:

Agency Clerk
Department of Children and Families
2415 North Monroe St., Ste. 100
Tallahassee, Florida 32303
Phone: 850-488-2381
Fax: 850-922-3947
Agency.Clerk@myflfamilies.com

Petitioner Contact Information

Name	Position Title		
Employer	Email Address		
Mailing Address	City	State	Zip code
Phone Number	Fax Number		

Contact information of the individual for which the waiver is being requested:

Name	Position Title
Employer	Email Address

Waiver Rule:

Request for a waiver to FAC 65C-15.017(3) as required by Florida Statute 120.542.

FAC 65C-15.017(3) states "Agency staff responsible for performing casework services shall have a bachelor's degree in social work or a related area of study or a master's degree in social work or a related area of study from an accredited college or university."

Action Requested:

Grant a permanent waiver to FAC 65C-15.017(3) to allow _____ to work in a position responsible for performing casework services with a bachelor's or master's degree from an accredited college or university in an area of study other than social work or related area or study.

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Summary of the education, training, and experience of the person requesting the educational waiver and a description explaining why the individual's education, experience, and training should be accepted as meeting the purposes of the rule requirement.

Explain why the waiver will serve the purpose of the underlying statutes.

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Additional Comments:

Attachments:

- Position description for which the waiver is being sought.
- Transcript (may be an unofficial transcript)
- Detailed description and supporting documentation of any specialized child welfare training and/or examination results.
- Other (specify) _____

Signatures:

Petitioner's Signature _____ Date _____

Printed Name _____

Signature of Individual
for whom the waiver is
requested: _____ Date _____

Printed Name _____

Human Resources
Officer Signature _____ Date _____

Printed Name _____