



# DISTRICT EXTENUATING CIRCUMSTANCES APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Local Board Chair (LBC): \_\_\_\_\_

LBC Phone: (\_\_\_\_) \_\_\_\_\_ LBC Email \_\_\_\_\_

Region Chair (RC): \_\_\_\_\_

RC Phone: (\_\_\_\_) \_\_\_\_\_ RC Email \_\_\_\_\_

Super Region Chair (SRC): \_\_\_\_\_

SRC Phone: (\_\_\_\_) \_\_\_\_\_ SRC Email \_\_\_\_\_

Current Rating: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Considerations for Extenuating Circumstances:

- Leave of Absence
- Injury
- Family, Job Requirements
- Other

Please provide additional substantiation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Candidate:** Please forward this form to your **Local Board Chair**.

### Has the Candidate:

- Paid all dues?
- Attended and approved rules interpretation meeting?
- Scored at least 90% on the written test?
- Honored all commitments?
- Completed Local and Region Service Standards as set forth by the WDOC Region and Local Board?

\_\_\_\_\_  
Local Board Chair Signature

\_\_\_\_\_  
Printed Local Board Chair Name

**Local Board Chair:** Please forward this form to the **Region Chair**.

*This form may be filled out and sent electronically.*