

**Definition of Parent  
Waiver Request Letter**

Chair Diane Rath  
Commissioner Ron Lehman  
Commissioner Ronald G. Congleton  
Texas Workforce Commission  
101 East 15<sup>th</sup> Street, Room 440 T  
Austin, Texas 78778-0001

**RE: Request for Waiver**

\_\_\_\_\_  
Name of Individual Requesting the Waiver

\_\_\_\_\_  
Address (Street, City, State, ZIP)

Relationship to the Child(ren): \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

I, \_\_\_\_\_, request a waiver because the parent(s) of the child(ren) is:

\_\_\_\_\_  
\_\_\_\_\_

I am providing the following documentation in support of my request:

Documentation Verifying Reason Parent is Unavailable: \_\_\_\_\_

\_\_\_\_\_

Documentation Verifying Individual Requesting Waiver is Responsible for the Child(ren):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Requesting Waiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member  
Assisting Individual (Optional)

\_\_\_\_\_  
Date