

DIVISION OF WORKERS' COMPENSATION [876]
PETITION FOR WAIVER

PETITIONER'S INFORMATION

Name: _____

Address: _____

Phone: (_____)_____-_____

REQUEST FOR
WAIVER OF:

(SPECIFY RULE FOR
WHICH WAIVER IS
REQUESTED)

WAIVER REQUEST INFORMATION

Specific request:

Scope of waiver:

Time period of waiver:

Reason(s) for waiver:

Facts relied upon:

Evidence that rule will create undue hardship:

Concise memorandum and argument is attached. Yes____ No____

Does anyone else possess knowledge relevant to this waiver request? Yes____

No____

If yes, list name, address and telephone number.

Would anyone be adversely affected if this waiver were granted? Yes____ No____

If yes, list name, address and telephone number.

Have you previously requested a waiver or a variance with the Division of Workers' Compensation? Yes____ No____

If yes, describe the issue and outcome.

Do you know how the Division of Workers' Compensation has treated similar situations?

Yes _____ No _____

If yes, describe how situation was handled.

I authorize any persons with knowledge of the relevant or important facts relating to the requested waiver to release any information to the Division of Workers' Compensation. I hereby attest to the accuracy and truthfulness of the information contained herein.

Petitioner's Signature

Date

THE INFORMATION PROVIDED WILL BE OPEN FOR PUBLIC INSPECTION UNDER IOWA CODE SECTION 22.11.

INSTRUCTIONS

1. This form is be used when a person requests waiver of a Division of Workers' Compensation rule pursuant to rule 876 IAC 12.4.
2. All requests for waiver of a rule must be in writing and must substantially conform to this form.
3. All information for the request must be completed. All addresses must be given. The form must be signed where indicated. **PLEASE TYPE OR PRINT LEGIBLY.**
4. This form with the original signature is to be filed with the Workers' Compensation Commissioner, Division of Workers' Compensation, 1000 East Grand, Des Moines, IA 50319.
5. See rule 876 IAC 12.4 and Iowa Code section 17A.9A for further information.