

# EXCEPTION REQUEST FORM FOR SELF-EMPLOYMENT

**A. Job Candidate:**

**File #:**

**Counselor:**



**Do not complete this form if the request is for a computer purchase. The [Personal Computer Purchase Review Guide](#) is required for computer purchases.**

**B. Based on the information contained in (check the appropriate box):**

1. INITIAL PLANNING     2. BUSINESS PLAN FEASIBILITY STUDY     3. BUSINESS IMPLEMENTATION

This client has the potential to engage in the proposed self-employment business. An exception is requested to IVRS policy.

**C. Please check exception reason in boxes below.**

**NOTE – all approval signatures must be obtained in the order listed under each exception**

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**REASON FOR EXCEPTION:**

- Business rent/insurance exceeds six months  
 Situations that do not conform to the ISE process (e.g. serving clients not recommended to continue, etc.)

**APPROVALS REQUIRED:**

1. Counselor    2. IVRS Supervisor

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**REASON FOR EXCEPTION:**

- Going beyond the \$1500 Financial or Technical Assistance limits for Micro-Enterprise without progressing into the Full Self-Employment Program  
 Not requiring a candidate to put up at least 50% of the financial package  
 Candidate is not 51% owner  
 Vehicle maintenance and/or repairs are required for business success  
 Vehicle lease or purchase  
 Vehicle insurance  
 Case closing within 180 days of business start-up.

**APPROVALS REQUIRED:**

1. Counselor    2. IVRS Supervisor    3. Bureau Chief

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**REASON FOR EXCEPTION:**

- Project exceeds \$10,000 for Financial Assistance  
 Project exceeds \$10,000 for Technical Assistance

**APPROVALS REQUIRED:**

1. Counselor    2. IVRS Supervisor    3. Bureau Chief    4. IVRS Administrator

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**D. Exception Justification (use additional paper if necessary):**

The dollar amount of this request is:  
The reason for this exception is:

**EXCEPTION REQUEST FORM FOR SELF-EMPLOYMENT  
Signature Page**

**(1) COUNSELOR SIGNATURE**

IVRS Counselor Signature:

Date:

*Route to appropriate personnel for required additional signatures as noted on Page 1*

**(2) IVRS SUPERVISOR**

Comments, if any:       Approved       Disapproved      (if not approved, provide the rationale below)

IVRS Supervisor Signature:

Date:

**(3) IVRS BUREAU CHIEF (as appropriate)**

Comments, if any:       Approved       Disapproved      (if not approved, provide the rationale below)

Bureau Chief:

Date:

**(4) IVRS ADMINISTRATOR (as appropriate)**

Comments, if any:       Approved       Disapproved      (if not approved, provide the rationale below)

Administrator:

Date:

**After all necessary signatures are obtained; the original is placed in the job candidate's case file and a copy is sent to the ISE Rehabilitation Assistant.**

Original - Casefile Copy

Self-Employment Copy