

ILLINOIS STATE BOARD OF EDUCATION

Career and Technical Education Division

100 North First Street, E-240

Springfield, Illinois 62777-0001

**WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM
VARIANCE APPLICATION FOR STATE APPROVED SCHOOL**

OCCUPATION

TEACHER/COORDINATOR NAME

SCHOOL NAME

ADDRESS (Street, City, State, Zip Code)

TELEPHONE (Include Area Code)

FAX (Include Area Code)

EMPLOYER

SUPERVISOR NAME

ADDRESS (Street, City, State, Zip Code)

TELEPHONE (Include Area Code)

FAX (Include Area Code)

ALL INJURIES WILL BE REPORTED THAT MAY OCCUR BY WECEP ENROLLEES UNDER THESE VARIANCES

VARIANCES REQUESTED

VARIANCE CONDITIONS

SAFETY CONDITIONS OF THE ESTABLISHMENT (**Safety is taught in the classroom and on the job.**)

DEPARTMENT OF LABOR USE ONLY