

ILLINOIS STATE BOARD OF EDUCATION
Career Development Division, E-240
100 North First Street
Springfield, Illinois 62777-0001

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

OCCUPATION

WECEP TEACHER COORDINATOR

SCHOOL NAME

ADDRESS (*Street, City, State, Zip*)

TELEPHONE NUMBER

FAX NUMBER

ESTABLISHMENT'S NAME

ADDRESS (*Street, City, State, Zip*)

TELEPHONE NUMBER

FAX NUMBER

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