



STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE

REQUEST FOR EXEMPTION FROM INELIGIBILITY

I understand I have been rated ineligible for employment.

I understand that I can apply for an exemption.

I understand I must submit this form with the required supporting documents within 45 calendar days from the date I received notice stating I am ineligible for employment.

I am requesting a review of the attached documents for an Exemption from ineligibility.

I have attached all of the requested documents.

Applicant's Name: _____

(Please Print)

Date of Birth: _____

Current Address: _____

Area Code/Telephone Number: _____

E-mail Address: _____

Signature

Date