



## Variance Continuation Request

Facility/Provider Name: \_\_\_\_\_

Provider's Contact Person: \_\_\_\_\_

Continuation of Variance for (name of individual): \_\_\_\_\_

Date initial variance was approved: \_\_\_\_\_

Variance ID#: \_\_\_\_\_

1. Is the individual still employed?  Yes  No Date of termination: \_\_\_\_\_
2. Has there been known criminal activity?  Yes  No
3. Is there any performance or other issues that should be considered?  Yes  No
4. Describe any changes that have occurred since variance was approved:

Required Attachments:

Provided - N/A

- If the individual has changed jobs, a copy of new job description

**If conditions were placed on the variance, by signing below you attest all conditions are met.**

\_\_\_\_\_  
Signature of Administrator or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory Printed Name

