



WAIVER

State Form 43879 (R / 9-12)
INDIANA DEPT OF WORKFORCE DEVELOPMENT

Please Fax to (317) 233-5499 or
(317) 633-7206

Information contained in this record is confidential pursuant to IC-22-4-19-6, IC 4-1-6

*Your Social Security number is being requested by this state agency in accordance with IC-4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

Date (mm/dd/yyyy)	Local Office
Name of Claimant	Social Security Number*
<input type="checkbox"/> Work Registration is Waived	
Reason	

<input type="checkbox"/> Claimant has definite job attachment and expects to be recalled by _____.	
Name of Employer	Telephone Number
Address (number and street, city, state and ZIP code)	
Signature of Employer	Date (mm/dd/yyyy)

<input type="checkbox"/> Claimant is a member of a union hiring hall and is in good standing through _____.		
Signature of Representative		
Local Number	Telephone Number	Date (mm/dd/yyyy)

<input type="checkbox"/> Work Registration is Deferred
Reason
Labor Market conditions such as mass lay-off until approximately _____.
System problem (E. S. workload, system down, ets.) deferred until _____.

<input type="checkbox"/> Work Search is waived	Reason
<input type="checkbox"/> Approved Training.	
<input type="checkbox"/> Same as for work registration waiver above.	
<input type="checkbox"/> Return This Form on Your Next Visit.	
Signature of Claimant	Date (mm/dd/yyyy)
Signature of Deputy	Date (mm/dd/yyyy)