

Physical Readiness Test Waiver

Name: Billy Spears ID # 8565

Date: 06/01/16 Division/Service/Bureau: THP

I am requesting permission for a waiver from participating in the required Physical Readiness Test (PRT) protocol. In the event of requesting a medical waiver, I have attached a letter from my physician regarding the medical condition. I certify that this medical condition prevents me from completing any of the three Physical Readiness Testing (PRT) protocols. I understand that, if approved, I must be in compliance with the Health Screening Protocol and may be required to complete an HR-87.

Type Requested:	
Temporary Waiver <input checked="" type="checkbox"/>	Date of Physician's Letter: <u>05/26/16</u>
Extended Waiver <input type="checkbox"/>	Date of Physician's Letter: _____
Military Waiver <input type="checkbox"/>	Dates of Deployment: _____

When the need for the waiver is foreseeable, the employee must submit the request 30 to 45 days prior to the beginning of the testing period so that the process is completed during the testing period. (General Manual, Ch 08.14.03.05)

I certify that the information provided on this document and the attachment(s) are true.

[Signature] _____ 06/01/16
 (Employee Signature) (Date)

Chain of Command Approval

<u><i>[Signature]</i></u> (Supervisor Signature)	<u>06-02-16</u> (Date)	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
_____ (Supervisor Signature)	_____ (Date)	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<u><i>[Signature]</i></u> (Supervisor Signature)	<u>6-3-16</u> (Date)	<input type="checkbox"/> Recommended <i>542</i> <input checked="" type="checkbox"/> Not Recommended <i>712420</i>
<u><i>[Signature]</i></u> (Supervisor Signature)	<u>6/3/16</u> (Date)	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended
<u><i>[Signature]</i></u> (Supervisor Signature)	<u>6-3-16</u> (Date)	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended

[Signature]
 (Deputy Director or Designee Signature)

Temporary Waiver **Period Approved**
 Extended Waiver March, April, May
 Military Waiver September, October, November