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| HUSD BOARD OF EDUCATION**SPECIFIC WAIVER REQUEST**SW-1 (02-05-16)Send Original plus one copy to: Superintendent’s OfficeHUSD Board of Education | **First Time Waiver: Renewal Waiver:**Send Electronic copy in **Word** and back-up material to: Superintendent’s Office |

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| School Site: | Contact name and Title: | Contact person's e-mail address: |
| Address: (City) (State) (ZIP) | Phone (and extension, if necessary):Fax number: |
| Period of request: (month/day/year)*Note: Not for more than one year.*From: To: | Local SBDM Site approval date: (Required) |
| 1. Authority for the waiver: HEA Article 28.F

*"The District and the Association recognize that the site based decision making may be an innovative process and that proposals may be considered that are in conflict with collective bargaining Agreements, Board Policy, regulation or law. Upon request of the SBDM Team and approval of the District level SBDM Council, the District and the Association may pursue the waiver. Until such waiver is granted by the proper body, no action should be taken by the site."* |
| 1. *Board Policy or Administrative Regulation* or portion to be waived.

Section to be waived: (number) Circle One: *BP* or *AR*Brief Description of the topic of the waiver: |
| 1. If this is a renewal of a previously approved waiver, please list Waiver No: \_\_\_\_\_\_ and date of HUSD Board of Education approval \_\_\_\_\_\_\_

\*If yes, stop here. |
| 1. Board Policy or Administrative Regulations section to be waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact phrases requested to be waived

(or use a **strike out key** if only portions of sections are to be waived). (Attach additional pages if necessary.) |
| 1. Desired outcome/rationale. State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. (Attach additional pages if necessary.)
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| SPECIFIC WAIVER REQUESTSW-1 (02-05-16) |
| 1. Collective bargaining unit information (This portion to be completed by Superintendent/Designee)
 |
| Unit | DateConsulted | Name of Person Consulted | Position of Unit? Neutral, Support, Oppose | Signature |
|  [ ]  AEOTE |  |  |  |  |
|  [ ]  HEA |  |  |  |  |
|  [ ]  SEIU |  |  |  |  |
| If not supported explain why not in the space below: |
| 1. If the waiver affects a program under School Site Council or ELAC funding, that council must be consulted regarding the request for a waiver.
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| Unit | Date Consulted | Name of Person Consulted | Position of Unit?Neutral, Support, Oppose | Signature |
|  [ ]  SSC |  |  |  |  |
|  [ ]  ELAC |  |  |  |  |
|  [ ]  Other |  |  |  |  |

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| If not supported explain why not in the space below: |
| 1. **Has there been Federal Program Monitoring (FPM) on this issue?** No Yes

(If yes, please attach explanation or copy of *FPM*finding) |
| **School Certification — /** *hereby certify that the information provided on this application is correct and complete.* |
| Signature of Principal or Designee | Title: | Date: |
| Signature of Director of Special Education (only if a Special Education Waiver) | Date: |
| **FOR BOARD OF EDUCATION USE ONLY** |
|  The Board of Education has voted to  [ ] Accept this waiver  [ ] Decline this waiver |  |
| For the following reason: |
| Board President *(type or print):* | Board President Signature: | Date: |
| Superintendent *(type or print):* | Superintendent Signature: | Date: |