REFORM PANEL
VARIANCE REQUEST FORM
2020-2021

School/Department Name: _____ Implementation Year: _____

Check One:

☐ **New School Request** ☐ **Renewal School Request** ☐ **New District Request** ☐ **Renewal District Request**

1. Requesting variance from (check one):

☐	CEA/Board Collective Bargaining Agreement	Article No:
☐	Columbus Board of Education Policy	Policy Number:
☐	State or Federal Regulation	Code/Regulation Number:
☐	District Administrative Practice	Briefly Note:

2. Description of variance requested. Please be specific (attach additional sheets if necessary).

3. Rationale for Variance (attach additional sheets if necessary):

4. Expected student outcomes as a result of variance (attach additional sheets if necessary):

5. Variances requiring changes in individual teacher schedules **should be attached** with a written statement from the teachers involved stating they are in agreement with the contract changes.

6. **At least 2/3 or 66.7% of the teaching staff, by secret ballot, must vote to support this Variance Request**.

VOTES: For _____ **Against** _____ **Abstentions** _____ **Absences**_____ **=** _____**%**

_____ _____ _____ _____

Principal or Chair, Site-Based (date) **CEA Senior Faculty Representative** (date)

_____ _____

Print Name **Print Name**

REFORM PANEL ACTION

Date of Reform Panel Action: _____

☐	Variance Approved as Submitted	☐	Variance approved as modified (see below)	☐	Variance Denied	☐	Complete and Submit State Waiver Request

Modifications/Explanation: _____

_____ _____ _____ _____

Superintendent (date) **CEA President** (date)