REFORM PANEL
VARIANCE REQUEST FORM
2021-2022

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: __________________________________________

______________________ (date)  _________________________ (date)

Superintendent  CEA President