



**REFORM PANEL  
VARIANCE REQUEST FORM  
2022-2023**

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):

<input type="checkbox"/>	CEA/Board Collective Bargaining Agreement	Article No:
<input type="checkbox"/>	Columbus Board of Education Policy	Policy Number:
<input type="checkbox"/>	State or Federal Regulation	Code/Regulation Number:
<input type="checkbox"/>	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: \_\_\_\_\_

<input type="checkbox"/> Variance Approved as Submitted	<input type="checkbox"/> Variance approved as modified (see below)	<input type="checkbox"/> Variance Denied	<input type="checkbox"/> Complete and Submit State Waiver Request
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Modifications/Explanation: \_\_\_\_\_

\_\_\_\_\_  
**Superintendent** (date)

\_\_\_\_\_  
**CEA President** (date)