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| **CCSlogo_full_color2** | **REFORM PANEL** **VARIANCE REQUEST FORM****RENEWAL REQUEST****2017-18** |

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)

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**Print Name Print Name**

**Decision Making Cabinet**

**REFORM PANEL ACTION**

Date of Reform Panel Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | 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)