REFORM PANEL
VARIANCE REQUEST FORM
2023-2024

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)