



**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):

<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)