

APPENDIX C

SITE CONTRACT WAIVER PROPOSAL FORM

Date Submitted to District Office and Association: _____

Contract Paragraphs to Be Waivered: _____

Purpose of Waiver:

Additional Instructional Minutes (IM) Per Day: _____

Additional IMs Per Week: _____ Additional IMs Per Month: _____

Additional Called Meetings (CM) Per Week: _____ Per Month: _____ Per Year: _____

Length of CMs: _____ Day(s) of CMs: _____ Time(s) of CMs: _____

Duration of Waiver (not to exceed one year) _____

Commencement of Waiver: _____ Conclusion of Waiver: _____

Comments (Rationale, Special Circumstances, Considerations):

Site Administrator in Charge: _____ / _____
Signature and Date *Print Name*

Site SAEA Representative: _____ / _____
Signature and Date *Print Name*

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Approved for Site Vote: _____
For SAUSD For SAEA Date

PLEASE CIRCLE YOUR RESPONSE TO THE QUESTION "Do you approve this waiver?"
YES NO