

LAUSD/UTLA WAIVER REQUEST

SBM LEARN

School: _____ Local District: _____ Date: _____

A. Waiver Topic: _____ (Attach a full description.)

B. Certification for Approval: (Please note: Stakeholders' signatures do not imply automatic District/UTLA Approval. Each waiver requested is judged on its individual merits.)

The undersigned certify that formal approval of this waiver request was obtained in accordance with LAUSD/ UTLA guidelines including:

1. Two-thirds agreement of certificated bargaining unit members by formal vote.

UTLA Chapter Chairperson's Signature Date

2. Formal approval of a majority of other staff. An official meeting was held and a formal vote was conducted. The vote resulted in a least a 50% + 1 vote margin.

Classified Representative Date

3. Formal approval of a majority of the parents. An official meeting was held and a formal vote was conducted. The vote resulted in at least a 50% + 1 vote margin.

Leadership Council Parent/Community Member's Signature Date

4. Formal approval of principal.

Principal's Signature Date

C. Return Completed Form to _____, Local District _____

D. LOCAL DISTRICT

Approved State Waiver Requested Condition for Approval Denied

Condition(s) for Approval or Reason(s) for Denial: _____

Local District Representative Date Waiver Expiration. Date

Send a copy of the Waiver Request to: Harry Gerst, Director, SB IX Office, Beaudry Bldg., 16th floor.
If denied by the Local District, forward to UTLA for informational purposes.

Send a copy of this Waiver Request to: UTLA - Mike Dreebin, Elementary V.P. or Linda Guthrie, Secondary V.P.

E. UNITED TEACHERS LOS ANGELES

Approved State Waiver Requested Condition for Approval Denied

Condition(s) for Approval or Reason(s) for Denial: _____

UTLA Representative Date Please return a copy of this form to the requesting school and the Local District Office.