

SEA/SPS CONTRACT WAIVER REQUEST FORM

Building/Program: _____

Date of Request: _____

(Deadline: Must be into SEA & SPS Labor Relations by the 1st of the month.)

Contract: ____ Certificated: ____ SAEOP: ____ Paraprofessional: ____

Renewal: Yes: ____ No: ____

We are requesting to waive the following Articles and/or sections of the Collective Bargaining Agreement between SPS and SEA:

VOTING: All Certificated, Parapros, and SAEOPs must be involved in this voting process. You will need 2/3 majority of the SEA represented staff (members and non-members) to approve the waiver.

Total SEA Represented Employees in Building/Program: _____
Certificated: _____
SAEOP: _____
Paraprofessional: _____

SEA Represented Employees Voting In Favor of Waiver: _____

SEA Represented Employees Voting Against Waiver: _____

Total number of SEA Represented Employees Voting: _____

Describe the intent of the proposed contract waiver:

What procedure did the staff use to vote on the waiver (secret ballot, show of hands, etc.?)

SEA/SPS CONTRACT WAIVER REQUEST FORM (continued)

What was the nature of the dissenting opinion(s), if any?

How many SEA Represented employees were directly involved in developing the contract waiver proposal? What was the nature of that involvement?

Waiver Contract Signature (Must be a SEA member)

School #: _____ Home# _____

E-mail: _____

SEA Building Representative:

Signature: _____ E-Mail: _____

School #: _____ Home # _____

Principal or Designee Signature: _____

Phone #: _____ E-Mail _____

Recommendation: Yes _____ No _____

ACTION TAKEN

SEA: Date of Action: _____ Approved: _____ Not Approved: _____

If not approved, the reason:

SPS: Date of Action: _____ Approved: _____ Not Approved: _____

If not approved, the reason:

SEA President

SPS Signature