

CALIFORNIA DEPARTMENT OF EDUCATION
GENERAL WAIVER REQUEST

GW-1 (Rev. 2/10/09) <http://www.cde.ca.gov/re/lr/wr/>
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First Time Waiver:
Renewal Waiver:

Send Original plus one copy to:
 Waiver Office, California Department of Education
 1430 N Street, Suite 5602
 Sacramento, CA 95814

Faxed originals will not be accepted!

		CD CODE			
Local educational agency:		Contact name and recipient of approval/denial notice:		Contact person's e-mail address:	
Address: (State) (ZIP) (City)		Phone (and extension, if necessary):		Fax Number:	
Period of request: (month/day/year) From: _____, 2020 To: _____, 2022		Local board approval date: (Required) _____, 2020		Date of public hearing: (Required) _____, 2020	
LEGAL CRITERIA					
<ul style="list-style-type: none"> • 1. Under the general waiver authority of <i>Education Code</i> 33050-33053, the particular <i>Education Code</i> or <i>California Code of Regulations</i> section(s) to be waived (number): Circle One: <i>EC</i> or <i>CCR</i> Topic of the waiver:					
2. If this is a renewal of a previously approved waiver, please list Waiver Number: _____ and date of SBE Approval _____					
3. Collective bargaining unit information. Does the district have any employee bargaining units? No Yes If yes, please complete required information below: Bargaining unit(s) consulted on date(s): Name of bargaining unit and representative(s) consulted: The position(s) of the bargaining unit(s): Neutral Support Oppose (<i>Please specify why</i>) Comments (if appropriate):					

4. Public hearing requirement: A public hearing is not simply a board meeting, but a properly noticed public hearing held during a board meeting at which time the public may testify on the waiver proposal. Distribution of local board agenda does not constitute notice of a public hearing. Acceptable ways to advertise include: (1) print a notice that includes the time, date, location, and subject of the hearing in a newspaper of general circulation; or (2) in small school districts, post a formal notice at each school and three public places in the district.

How was the required public hearing advertised?

Notice in a newspaper Notice posted at each school Other: *(Please specify)*

- Advisory committee or school site councils. Please identify the council(s) or committee that reviewed this waiver:
- Date the committee/council reviewed the waiver request:

Were there any objection(s)? No Yes *(If there were objections please specify)*

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- *Education Code or California Code of Regulations* section to be waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact phrases requested to be waived (or use a strike out key if only portions of sections are to be waived).

- Desired outcome/rationale. State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. If more space is needed, please attach additional pages.

- Demographic Information:
 For this waiver, (District/school/program) involved has a student population of and is located in a suburban(urban, rural, or small city etc.) in County.

9. For a renewal waiver only, district also must certify:
True False

Renewals of General Waivers must be submitted two months before the active waiver expires. The local governing board must approve the renewal request. Retroactive waivers must go through the First Time Waiver Process.

Is this waiver associated with an apportionment related audit penalty? (per EC 41344) No Yes
(If yes, please attach explanation or copy of audit finding)

Has there been a Categorical Program Monitoring (CPM) finding on this issue? No Yes
(If yes, please attach explanation or copy of CPM finding)

District or County Certification – *I hereby certify that the information provided on this application is correct and complete.*

Signature of Superintendent or Designee:

Title:

Date:

FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

Staff Name (*type or print*):

Staff Signature:

Date:

Unit Manager (*type or print*):

Unit Manager Signature:

Date:

Division Director (*type or print*):

Division Director Signature:

Date:

Deputy (*type or print*):

Deputy Signature:

Date: