

**WAIVER REQUEST FORM for  
EXCEPTIONS TO GROUP STIPEND ALLOCATIONS  
(TO ALLOW NON-TEACHERS TO RECEIVE COMPENSATION)**

**NOTE:** THIS FORM SHOULD BE SUBMITTED TO THE CSEA BOARD OF DIRECTORS AS SOON AS POSSIBLE (PREFERABLY BEFORE MID-SEPTEMBER FOR FIRST SEMESTER AND MID-FEBRUARY FOR SECOND SEMESTER)

This is to certify that **at least a two-thirds majority of bargaining unit staff** (i.e., those covered by the Master Agreement, whether or not members of the Association) at \_\_\_\_\_ school request a waiver from the CSEA Board of Directors regarding Article XV. D of the Master Agreement governing the distribution of group stipends. *The purpose of this request is to allow a non-teacher (listed below) to receive a portion of the school's group stipend, which is normally designated for teacher compensation.*

This further certifies that the meeting at which this vote was taken was well-publicized, was held at as convenient a time as possible, and was scheduled after collaborative discussion among bargaining unit staff. **In making this request, we recognize that the intent of the Master Agreement is to provide funds for staff (and specifically teachers) to interact directly with students outside the work day on an on-going basis, *not* to compensate one for organizing and/or supervising occasional activities (such as Carnival Night, etc.).**

The reason we are seeking this waiver is to allow: \_\_\_\_\_ (name of person), who is a non-teacher, to work with students in an academic/enrichment club, activity or intramural before or after regular student contact hours or during the person's planning period or lunch time. **Please be specific in describing the activities and duties to be performed in this case:**

1. Name of club, activity or intramural: \_\_\_\_\_
2. Number of students: \_\_\_\_\_
3. Meeting dates: \_\_\_\_\_
4. Meeting times: \_\_\_\_\_
5. Purpose of activity/club/intramural: \_\_\_\_\_
6. Any other additional compensation: \_\_\_\_\_
7. Person in charge: \_\_\_\_\_
8. Date Submitted: \_\_\_\_\_
9. Indicate Semester(circle one): 1<sup>st</sup> semester or 2<sup>nd</sup> semester

In making this request, we recognize that if granted, the waiver will be good for **one semester only**. We also expect that the CSEA Board of Directors will consider our request at its next regularly scheduled business meeting and inform us of its decision as soon as possible after that meeting.

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\_\_\_\_\_  
Association Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSEA President

\_\_\_\_\_  
Date