

# WAIVER REQUEST FORM for EXCEPTIONS TO STIPEND ALLOCATIONS

(To allow non-teachers to receive Teacher Compensation as described in Article XV.A.8)

THE **DEADLINE** FOR SUBMISSION OF THIS FORM TO THE CSEA BOARD OF DIRECTORS IS NO LATER THAN **OCTOBER 1<sup>st</sup>** FOR FIRST SEMESTER AND **FEBRUARY 1<sup>st</sup>** FOR SECOND SEMESTER.

This is to certify that, by anonymous vote, **at least two-thirds 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 XV.B.8, XV.D (see XV.D.3), or XV.E of the Master Agreement. *This request seeks to allow a non-teacher (listed below) to receive a portion of teacher stipend compensation.*

**In making this request, we recognize that Article XV funds are negotiated as part of teacher compensation and are specifically for teachers to interact directly with students outside the work day on an on-going basis. Thus, Article XV stipend positions (such as clubs) may not be created for non-teachers.** We further recognize that waivers apply only to approved clubs and activities identified in XV.B.8, XV.E, and the list created the semester prior to the club's undertaking in accordance with XV.D.3. Waivers may be sought only when the best efforts to find a teacher sponsor are unsuccessful.

We seek this waiver to allow \_\_\_\_\_ (name of person), who is a non-teacher, to receive compensation from Article XV.B / XV.D / XV.E (identify which).

Please be specific in describing the activities and duties to be performed in this case:

1. Name of stipended activity (from list or Art. XV): \_\_\_\_\_
2. Student activities: \_\_\_\_\_
3. Expectations of sponsor: \_\_\_\_\_
4. Supervisor who will monitor stipend activity: \_\_\_\_\_
5. # of students: \_\_\_\_\_
6. Meeting length (hours): ½ 1 1½ 2 2½ 3
7. Semester: 1<sup>st</sup> / 2<sup>nd</sup> / Both
8. Days the club meets: M Tu W Th F
9. Frequency: Every week – Every two weeks – Every three weeks – Once/month
10. Total # of weeks the club will meet/semester: 1-2 3-4 5-6 7-8 9-10 11-12 13-14 15-16
11. Stipend not to exceed: \$ \_\_\_\_\_
12. Other compensation for activity: \$ \_\_\_\_\_
13. Date Submitted to CSEA: \_\_\_\_\_

We ask that the CSEA Board of Directors consider our request at its next regularly scheduled business meeting and inform us of its decision as soon as possible after that meeting. We understand that approval of the request rests solely with the CSEA Board of Directors. We recognize that, if granted, the waiver will be good for one or two semesters, depending upon the activity.

By signing below, the AR and Principal certify that **all** steps above have been taken.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSEA President on behalf of CSEA Board of Directors (approved)

\_\_\_\_\_  
Date