



2024-2025

EDUCATIONAL EXCELLENCE SCHOOL ADVISORY COUNCIL (EESAC)
WAIVERS TO LABOR CONTRACT PROVISIONS
SIGNATURE FORM

Pursuant to M-DCPS/UTD Educational Excellence Initiative, all M-DCPS school/centers may seek waivers from M-DCPS/UTD Labor Contract Provisions if there are obstacles to the attainment of one or more goals of their School Improvement Plan.

As required by State Statutes and the labor contract, all schools are to complete and submit this signature form. Each school MUST Hand Deliver the Labor Contract Waiver Request Form and/or the Alternative Supplement Model Waiver Form to their Region Office on the designated delivery date.

SCHOOL: (PLEASE PRINT) WL # REGION OFFICE SCHOOL PHONE

Labor Contract Waivers (RESPONSE IS REQUIRED) PLEASE CHECK A BOX.
No Contract Waiver(s) Requested
No Changes to Existing Contract Waiver(s)
Modify Existing Contract Waiver(s)
New Contract Waiver(s) Requested
Delete Existing Contract Waiver(s)

Alternative Supplement Model Waiver (ASM) (RESPONSE IS REQUIRED) PLEASE CHECK A BOX.
No ASM Waiver(s) Requested
No Changes to Existing ASM Waiver(s)
Modify Existing ASM Waiver(s)
New ASM Waiver(s) Requested
Delete Existing ASM Waiver(s)

EESAC CHAIRPERSON'S SIGNATURE\* DATE OF EESAC APPROVAL
UTD DESIGNATED STEWARD'S SIGNATURE\*\* TYPE OR PRINT PRINCIPAL'S NAME
DATE AND RESULT OF FACULTY VOTE IN PERCENTAGE FORM PRINCIPAL'S SIGNATURE
\*This request has been approved by the Educational Excellence School Advisory Council (EESAC).
\*\*Signature denotes faculty has seen and approved waiver.

COMPLETED ORIGINAL FORMS MUST BE HAND DELIVERED BY ADMINISTRATORS TO THEIR RESPECTIVE REGION OFFICE ON THE DATE IDENTIFIED BELOW:
Central Region: Tuesday, March 5, 2024
South Region: Wednesday, March 6, 2024
North Region: Thursday, March 7, 2024

MIAMI-DADE COUNTY PUBLIC SCHOOLS

2024-2025

**LABOR CONTRACT WAIVER REQUEST FORM**

School: \_\_\_\_\_

We are requesting approval to  NO CHANGES  ADD (NEW)  MODIFY  DELETE the following waiver to:

M-DCPS/UTD Labor Contract: Article/Appendix No. \_\_\_\_\_ Section No. \_\_\_\_\_

The reason for this request is:

*(Attach additional pages, if necessary)*

State how this waiver relates directly to one or more goals of your School Improvement Plan (SIP):

*(Attach additional pages, if necessary, and include the section of your School SIP which supports the need for the waiver.)*

