

SPECIFIC WAIVER REQUEST

SW-1 (Rev. 4/17/08)

<http://www.cde.ca.gov/re/lr/wr/>

Page 1 of 2

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						
5	7	7	2	6	7	8

Local educational agency: Davis Joint Unified School District			Contact name and recipient of approval/denial notice: Kitty Hudson Cawley			Contact person's e-mail address: khudson@djud.k12.ca.us		
Address: 526 B Street		(City) Davis	(State) CA	(ZIP) 95616	Phone (and extension, if necessary): 530 757-5300 x 149			Fax number: 530 757 - 4323
Period of request: (month/day/year) From: 07/01/2016 To: 06/30/2018				Local board approval date: (Required) To be determined – by June 2, 2016				

LEGAL CRITERIA

1. Authority for the waiver: Specific code section: **52863**
 Write the EC Section citation, which allows you to request, or authorizes the waiver of the specific EC Section you want to waive.
52863. Any governing board, on behalf of a school site council, may request the State Board of **Education** to grant a waiver of any provision of this article. The State Board of **Education** may grant a request when it finds that the failure to do so would hinder the implementation or maintenance of a successful school-based coordinated program. If the State Board of **Education** approves a waiver request, the waiver shall apply only to the school or schools which requested the waiver and shall be effective for no more than two years. The State Board of **Education** may renew a waiver request.

2. *Education Code or California Code of Regulations* or portion to be waived.
 Section to be waived: (number) 52852 Circle One: *EC* or *CCR*
 Brief Description of the topic of the waiver: Teacher personnel representation on school site council

3. If this is a renewal of a previously approved waiver, please list Waiver No: 4-5-2014-W-12 & date of SBE approval 9-3-2016

4. **Collective bargaining unit information.** (Not necessary for EC 56101 waivers)
 Does the district have any employee bargaining units? No Yes If yes, please complete required information below:
 Bargaining unit(s) consulted on date(s): 3/8/2016
 Name of bargaining units and representative(s) consulted: Davis Teachers Association, President F. Thomsen
 The position(s) of the bargaining unit(s): Neutral Support Oppose
 Comments (if appropriate):

5. **Advisory committee or school site council that reviewed the waiver.**
 Name: Davis School for Independent Study
 Per EC 33051(a) if the waiver affects a program that requires a school site council that council must approve the request.
 Date advisory committee/council reviewed request: 3/15/2016
 X Approve Neutral Oppose Were there any objection? Yes No X

CALIFORNIA DEPARTMENT OF EDUCATION
SPECIFIC WAIVER REQUEST

SW-1 (Rev. 4/17/08)
 Page 2 of 2

6. 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). (Attach additional pages if necessary.)

52852. A school site council shall be established at each school which participates in school-based program coordination. The council shall be composed of the principal and representatives of: teachers selected by teachers at the school; other school personnel selected by other school personnel at the school; parents of pupils attending the school selected by such parents.

At the elementary level the council shall be constituted to ensure parity between (a) the principal, classroom teachers and other school personnel; and (b) parents or other community members selected by parents.

At both the elementary and secondary levels, **classroom teachers shall comprise the majority of persons represented under category (a).**

7. 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. (Attach additional pages if necessary.)

This waiver will allow a reduction in the number of teachers that will be required to serve on the School Site Council. Davis School for Independent Study is a K-12 school with ten teachers, making the Site Council membership requirement for representation by four teachers difficult to meet. The site proposes representation by two teachers instead of the required four teachers, and a subsequent reduction of both parent and student representation from three to two members for the maintenance of parity between school and community representation in the oversight of the school's programs and budget.

8. Demographic Information:

For this waiver, Davis School for Independent Study has a K-12 student population of 100 and is located in the Davis district office building in central Davis.

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

True	False
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

The facts that precipitated the original waiver request have not changed.

The remedy for the problem has not changed.

Members of the local governing board and district staff are not aware of the existence of any controversy over the implementation of this waiver or the request to extend it.

Renewals of Waivers must be approved by the local board and submitted two months before the active waiver expires.

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

Has there been a Coordinated Compliance Review finding on this issue? x No Yes
 (If yes, please attach explanation or copy of CCR 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: Superintendent	Date: 6-3-2016
Signature of SELPA Director (only if a Special Education Waiver)		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: