



Waiver Request System

Submission

Instructions:

- Fields marked with an asterisk (*) are required.
- The format for all dates is mm/dd/yyyy.
- Use the 'Attachments' section below to attach all supporting documents if required.
- Make sure all information is accurate before selecting submit. You will not be able to edit this waiver once you have submitted the form.
- DO NOT at any time hit the back button. You will lose all your information.
- Use brackets [] for putting Education Code section to be waived. See FAQ for details.
- Do not use abbreviations for bargaining units.
- Refer to the FAQ for general questions.
- The waiver request page is time sensitive. You must be able to complete the waiver request within two hours. Failure to complete and submit the waiver request in the two hours will result in the loss of all previously entered information.

District Information

*County:

*District:

*Address:

*City:

*State:

*Zip code:

Fax:

Waiver Information

*Period of request start date:

*Period of request end date:

*Is this waiver a renewal? ☐ No ☐ Yes

*Waiver topic:

*Ed Code title:

*Ed Code section:

*Ed Code authority:

*Education Code or California Code of Regulations (CCR) 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 (use [] to strike out).

*Student population

*Located in a(n) city

*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 documents using the 'Attachments' section below.

*What is the name of the rural school site?

Approvals/Review

*Local board approval date:

*Please identify the appropriate council(s) or advisory committee(s) that reviewed this waiver.

*Date the committee/council reviewed the waiver request:

*Were there any objection(s) ☐ No ☐ Yes

Bargaining Unit

If the specific waiver you are submitting requires bargaining unit participation select yes and fill out the information. If it does not require bargaining unit participation, select no.

*Does the district have any employee bargaining units? ☐ No ☐ Yes

Attachments

*Is this waiver associated with an apportionment related audit penalty? (per EC 41344) ☐ No ☐ Yes

*Has there been a Categorical Program Monitoring (CPM) finding on this issue? ☐ No ☐ Yes

If needed, upload additional file(s) here (must be Word, Excel, or PDF format)

No file chosen

Contact Information

*Title:

*First name:

*Last name:

*Position:

*E-mail:

*Area code:

*Telephone:

Extension:

☐ I hereby certify that I have gone through my authorizing school district and or Special Education Local Plan Area (SELPA), that I am the superintendent or the superintendent's designee and that the information provided on this application is true and correct.

Submit

[Menu](#)

[Questions: Waiver Office | 916-319-0824](#)

California Department of Education
1430 N Street
Sacramento, CA 95814

[Web Policy](#)