



**2008-2009 SCHOOL IMPROVEMENT PLAN (SIP)
 WAIVERS TO LABOR CONTRACT PROVISIONS
 SIGNATURE FORM**

Pursuant to M-DCPS/UTD Educational Excellence Initiative (EEI), all M-DCPS schools/centers are encouraged to seek waivers from M-DCPS/UTD Labor Contract provisions, State Statutes and/or Rules, if there are obstacles to the attainment of one or more goals of their School Improvement Plan. This process should include a discussion through the Educational Excellence School Advisory Council, of all proposed waivers and those waivers which are currently approved to determine if any additions, deletions, and/or modifications are necessary for the 2008-2009 school year.

As required by State Statutes, and the Labor Contract, all schools are to complete and submit this signature form. Where appropriate, please submit the Waiver Request Form and/or the Alternative Supplement Model form to Labor Relations, **on or before April 18, 2008**.

SCHOOL: (PLEASE PRINT)	WL #	REGIONAL CTR. #	SCHOOL PHONE #
_____	_____	_____	_____

Labor Contract Waivers

No Waiver(s) requested (Submit this **signature form only** with appropriate signatures).

No changes to existing Waiver(s) (Return this **signature form only** with appropriate signatures).

New Waiver(s) (Return this **signature form** and the **Waiver Request form**).

Alternative Supplement Model Waiver – ASM

No changes to existing Waiver(s) (Return this signature form and the **2008-2009 ASM form**).

Modify existing Waiver(s) (Return this **signature form, Waiver Request** and the **2008-2009 ASM form**).

New Waiver(s) requested (Return this **signature form, Waiver Request** and the **2008-2009 ASM form**).

Delete existing Waiver(s) (Return this **signature form** and the **Waiver Request form**).

**This request has been approved by the Educational Excellence School Advisory Council (EESAC).*

_____ 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	_____ PRINCIPAL'S SIGNATURE

**Signature denotes faculty has seen and approved waiver.*

FOR LABOR RELATIONS USE ONLY		COMPLETE AND RETURN THIS COVER SHEET WAIVER REQUEST FORM TO: Office of Labor Relations Mail Code: 9999, SBAB, Suite 552
RECEIVED BY LABOR RELATIONS		
TRANSMITTED TO: <ul style="list-style-type: none"> • Regional Center • School Operations • Curriculum, Instruction, and School Improvement • UTD 		



MIAMI-DADE COUNTY PUBLIC SCHOOLS
2008-2009
LABOR CONTRACT WAIVER REQUEST FORM

School: _____

We are requesting approval to **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.)

**WAIVER PROCEDURES
SCHOOL IMPROVEMENT PLAN (SIP)**

1. Each school through its EESAC, identifies the SIP goal(s) which may require a waiver(s) of labor contract provisions and/or State Statutes/Rules.

A review of current waivers is necessary to determine if any modifications, additions, or deletions are indicated for the **2008-09** school year.

2. All appropriate sections of the waiver form must be completed.
 - a. Identify the article and section of the labor contract provision for which a waiver is being requested.
 - b. Demonstrate the relationship between the SIP goal(s), objectives or strategies and the waiver request.
 - c. Review the SIP and the current waivers, to determine if additional waivers or modifications to existing waivers are needed. If no changes are necessary, complete the signature page of the SIP waiver form (Page 1 of form) and submit to the Office of Labor Relations, SBAB, Suite 552.
 - d. If no waiver is requested, please return the **completed signature** form.
 - e. If an ***Alternative Supplement*** is requested, an Alternative Supplement Form must be **completed every year**.
3. **All waivers to labor contract provision(s) require a school vote by secret ballot of the faculty. (Faculty voting procedures are determined by school-sites).**
4. Secondary schools considering a **block schedule** model must adhere to the following procedures:
 - a. A faculty meeting must be announced and held. Only certificated employees in the unit who work with students or in student-related work and are present at the meeting will be eligible to vote on the model. (No absentee ballots will be accepted). **A 60 percent affirmative vote must be obtained.**
 - b. A waiver to the contractually required daily planning period must be requested on the waiver request form.
5. Alternative Supplement Model Waivers are subject to approval by the Principal and **two-thirds approval** by the faculty.

Following School Board approval, the Division of Compensation Administration will notify schools of the applicable supplement code(s) and procedures to utilize for implementing approved Page 4 of 5 supplements. Budgetary adjustments required to support supplement allocations must be processed separately.
6. All EESACs should have available Regional Centers, District and UTD staff to assist them in the development of their SIP (including waivers). This will ensure that goals are accurately developed and are in compliance with the State and District standards.
7. The following waiver requests will not be processed through this procedure but by the respective Regional Centers and appropriate Assistant Superintendent using the established procedure:

- a. change of opening and/or closing school hours; and
- b. all extra-period supplements.

- 8. Supplements for Lead Teachers, established through this waiver process, shall not exceed \$4,000.
- 9. SIP waiver forms must be submitted for the Board=s approval. You may fax a copy for review to **(305) 995-2375**. The original must be sent through school mail.
- 10. For further assistance and information regarding the waiver process or additional waiver forms, please call (305) 995-1590.

SAMPLE WAIVER LANGUAGE

INSERVICE/STAFF DEVELOPMENT TIME

Modify Article XX, Teaching Conditions, Section 5(B), Planning/Preparation Days, to read as follows: Utilize the one hour gained on Wednesday because of early dismissal for professional development activities for teachers rather than as the designated time outlined in this article (Preparation).@ A Schedule will be developed to facilitate professional development activities.

Modify Article XX, Teaching Conditions, Section 5(E), Planning/Preparation Days, to read as follows: "Teacher planning/preparation days may be designated for inservice workshops. This time may be extended to full days if needed. The total time, however, shall not exceed two planning/preparation days per grading period."

BLOCK SCHEDULING

Modify Article XX, Teaching Conditions, Section 7(A), Planning/Preparation Periods, to read as follows: As part of the work week, teachers shall have one uninterrupted planning/preparation period on alternating instructional days, equal to two instructional periods during days of double period blocks.@

ALTERNATIVE SUPPLEMENT MODEL WAIVER (EXAMPLE ONLY)

\$	Activities Sponsor	\$ _____
\$	Grade Level Chairs (#__ @ \$_____)	\$ _____
\$	FCAT Teacher Leader	\$ _____
\$	Reading Leader	\$ _____
\$	Safety Facilitator	\$ _____
\$	Before/After School Intramural Sponsor	\$ _____
TOTAL SUPPLEMENTS.....		\$ _____