

**STOCKTON TEACHERS ASSOCIATION
and
STOCKTON UNIFIED SCHOOL DISTRICT**

**CONTRACT WAIVER REQUEST FORM
DEMAND TO BARGAIN CONTRACT CHANGE**

This form is to be utilized by a school **AFTER** the Governing Board has approved the new school plan and the site is requesting a contract exception from the SUSD/STA collective bargaining agreement pursuant to Article 28, Section 28.2.4.2. Alternatives to the requested exception should be pursued prior to submitting this request in an effort to eliminate the need for this request.

School: _____

Date: _____

1. What is the proposed educational change trying to achieve?

2. Date Plan was approved by the Governing Board:

3. What STA/SUSD contract article and section does the school perceive to be an obstruction to its plan?

4. What do you perceive the obstruction to be?

5. What will result when the article and section are modified?

Signatures: Principal _____ STA Faculty Representative _____

NOTE: All members of the school site council who are present for the vote must sign on the reverse side of this form.

Complete **TWO** copies of this form with original signatures and send one to each of the following:

Stockton Unified School District
Attention: Assistant Superintendent
Human Resources Department
701 North Madison Street
Stockton, CA 95202

Stockton Teachers Association
Attention: Executive Director
P.O. Box 8465
Stockton, CA 95208

-DO NOT WRITE BELOW THIS LINE-

Problem(s) that STA/SUSD see with the school's request:

STOCKTON UNIFIED SCHOOL DISTRICT

STOCKTON TEACHERS ASSOCIATION

SBFORM1
04/02

(COMPLETE 2 ORIGINALS)

SCHOOL SITE COUNCIL MEMBERS WHO ARE PRESENT WHEN THE VOTE IS TAKEN FOR THE REQUESTED CHANGE MUST SIGN BELOW:

Chairperson’s Signature: _____

| Signature of School Site Council Members | Date |
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STOCKTON UNIFIED SCHOOL DISTRICT
and
STOCKTON TEACHERS ASSOCIATION

CONTRACT WAIVER
PROPOSED CONTRACT EXCEPTION LANGUAGE

This form is to be utilized by the SUSD/STA negotiating teams after they have completed negotiations on a contract waiver. This form identifies the proposed contract waiver language and is to be distributed to teachers at least **three (3) days prior** to the date of the faculty meeting at which the vote on the newly proposed contract language will be taken by secret ballot. (Section 28.2.4.5)

SCHOOL:

CURRENT CONTRACT LANGUAGE:

PROPOSED CONTRACT LANGUAGE:

If the proposed contract language change is approved by a 2/3 vote of the faculty, it will be in effect from to .

SBFORM2

STOCKTON UNIFIED SCHOOL DISTRICT
and
STOCKTON TEACHERS ASSOCIATION

CONTRACT WAIVER
CONTRACT EXCEPTION BALLOT

This is the official ballot that STA bargaining unit members will vote on, usually during a regular faculty meeting. Ballots are to be passed out and collected during the meeting at which the vote is taken.

SCHOOL: Edward C. Merlo Institute of Environmental Technology

Contract Sections to be modified:

Name of Article:

Contract Section:

PROPOSED CONTRACT LANGUAGE

In order to accommodate the request of MIET for a contract exception to permit implementation of the contract waiver adopted by the Board of Education on XXX XX, 20XX the Parties agree as follows:

If the proposed contract exception is approved, it will be in effect for the following period of time.

From

Through

YES

NO

I APPROVE THE PROPOSED CONTRACT EXCEPTION LANGUAGE. In accordance with Section 28.2.4.10, the above language is approved for extension through the **XXXX-XX** school year.

SBFORM3

DATE _____

STOCKTON UNIFIED SCHOOL DISTRICT
and
STOCKTON TEACHERS ASSOCIATION

CONTRACT WAIVER

FINAL EXCEPTION FORM

This form is to be utilized by the school site when reporting the results of the vote on the contract exception language. Do not use this form until the Contract Waiver Request Form has been submitted and acted upon, new language has been developed, and STA staff on site have voted on the new language.

SCHOOL _____

DATE OF VOTE _____

Contract Sections to be modified:

Name of Article: _____

Contract Section: _____

Attach a copy of the “Proposed Contract Exception Language” form identifying the current contract language and the proposed contract language to this form.

Number of STA bargaining unit members at your site: _____

Number of STA bargaining unit members present for vote: _____
(And received from off-track teachers, if applicable)

Number of STA bargaining unit members voting in favor of the exception: _____

Number of STA bargaining unit members present and **NOT** voting in favor of this exception: _____
(Note: 2/3 majority required to effect a change per §28.2.4.7)

Signature of Principal _____

Signature of STA Faculty Representative _____

Complete **TWO (2)** copies of this form with original signatures and send one to each of the following:

Stockton Unified School District
Superintendent’s Office
701 North Madison Street
Stockton, CA 95202

Stockton Teachers Association
Attn: Executive Director
P.O. Box 8465
Stockton, CA 95208

SEND ALL BALLOTS WITH DISTRICT’S COPY OF THIS FORM