

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

CONTRACT WAIVER REQUEST FORM

This form is to be utilized by a school requesting a contract exception from the SUSD/STA collective bargaining agreement pursuant to Article 27, Section 27.2.4.2. 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 School Site Council (SSC): _____

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 SBFORM2.

Complete this form with original signatures and send to:

Stockton Teachers Association
Attention: STA President
2291 W March Ln Ste A-200
Stockton, CA 95207

-DO NOT WRITE BELOW THIS LINE-

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

Approve/Deny

Approve/Deny

STOCKTON UNIFIED SCHOOL DISTRICT

DATE

STOCKTON TEACHERS ASSOCIATION

DATE

**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

STOCKTON UNIFIED SCHOOL DISTRICT
and
STOCKTON TEACHERS ASSOCIATION

CONTRACT WAIVER
PROPOSED CONTRACT EXCEPTION LANGUAGE

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 27.2.4.5)

SCHOOL:

CURRENT CONTRACT LANGUAGE:

PROPOSED CONTRACT LANGUAGE:

If the proposed contract language change is approved by a 2/3 vote of the faculty (51% for a renewal, subject to Article 27 waiver renewal guidelines), it will be in effect through the _____ - _____ school year(s).

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. (Electronic voting by secret ballot is only permitted if voting guidelines are faithfully adhered to for anonymity, STA-members-only, one-vote-per-member, etc.)

SCHOOL:

Contract Sections to be modified:

PROPOSED CONTRACT LANGUAGE

In order to accommodate the request of (School Name) for a contract exception to permit implementation of the contract waiver to be adopted by the SUSD Board of Education 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	<input type="checkbox"/>
NO	<input type="checkbox"/>

I APPROVE THE PROPOSED CONTRACT EXCEPTION LANGUAGE. In accordance with Section 27.2.4.10, the above language is approved for extension through the - school year.(s)

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.

SCHOOL _____

DATE OF VOTE _____

Contract Sections to be modified:

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,
or 51% for a renewal, as per §27.2.4.7)

Signature of Principal _____

Signature of STA Faculty Representative _____

Complete this form with original signatures and send to:

Stockton Teachers Association
Attention: STA President
2291 W March Ln Ste A-200
Stockton, CA 95207

BALLOTS TO BE KEPT BY THE SITE’S STA REPRESENTATIVE(S) FOR TWO YEARS