

This form is to be completed by an administrator, not by the substitute candidate.

Special Circumstance Waiver

20__-20__*

This waiver application is for the following non-union Berkeley Unified School District substitute teacher who has special skills or credentials that make this substitute teacher the best possible candidate for the assignment.

Substitute Teacher Information

Name: _____

Address: _____

Phone #: _____ E-mail: _____

This request is for the substitute teacher named above to be pre-assigned to the teacher(s), school(s) or subject(s) listed below for the 20__-20__ school year:

School(s): _____

Subject(s): _____

Teacher(s) (if applicable):

Department(s): _____

The site administrator or designee must explain below the special circumstances that make this substitute teacher uniquely qualified for this position:

The principal or designee's signature: _____ Date: _____

It is the administrator's responsibility to send this form to the Berkeley Federation of Teachers at bft4tchr@lmi.net or by fax to 549-2308 for approval by the BFT Union President. All special circumstance waiver substitute teachers are BFT bargaining unit members.

If the Special Circumstance Waiver is approved, the substitute teacher's name will be displayed in Aesop as a bargaining unit member.

*Special Circumstance Waivers must be applied for each school year.

-----The boxes below are for BFT and Human Resources use only-----

BFT: Approved Not Approved

Signature: _____ Date: _____

Human Resources: Approved Not Approved

Signature: _____ Date: _____