

## **REFORM PANEL VARIANCE REQUEST FORM**

2024-2025

School/Department Name:			Implementation Year:				
Chec	ck One:						
□ Ne	w School Request 🗆 I	Renewal School Req	uest 🗆 🏻	New District Reques	t 🗆 Renewal Di	strict Requ	est
I. Re	equesting variance from	(check one):					
	☐ CEA/Board Collective Bargaining Agreement			le No:			
	□ Columbus Board of Education Policy		Polic	y Number:			
□ State or Federal Regulation			Code	e/Regulation Number	·:		
☐ District Administrative Practice			Brief	ly Note:			
<ol> <li>Ra</li> <li>Ex</li> <li>Val</li> </ol>	escription of variance relationale for Variance (at expected student outcome riances requiring changeers involved stating the	etach additional sheet nes as a result of vari	s if necess ance (attac	ary): th additional sheets if es <b>should be attach</b>	f necessary):	n statement	from the
Requ		•	•	·		is Varianc	
VOT	<b>ES</b> : For	_ Against	_ Abste	entions	Absences	_ = _	%
Principal or Chair, Site-Based			(date)	CEA Senior Faculty Representative			(date)
Print Name				Print Name			
Date	of Reform Panel Action		ORM PA	NEL ACTION			
	□ Variance Approved as Submitted □ Variance approved (see below)		nodified	Variance Denied     □     Complete and Submined Request		Submit State	Waiver
Modi	fications/Explanation: _						
Superintendent			date)	CEA President	· · · · · · · · · · · · · · · · · · ·	(date)	