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**Application for a Waiver  
of the  
Collective Bargaining Agreement  
*(One Year or Three Year)***

Affected Site or Work Location: \_\_\_\_\_

This is an application for: \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_ A one (1) year waiver

\_\_\_\_\_ A three (3) year waiver

School Year(s) for which the waiver is sought: \_\_\_\_\_

Approval is Required: This waiver must be approved by the CUTA Executive Board and the District before it is effective. If approved, it will automatically expire at the end of the waive period (i.e. one year or three years) unless the unit members make application for a renewal.

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Either CUTA or CUSD may require clarification or additional information before approving any waiver application. If more room is needed to answer any question, please attach additional pages.

1. **Provisions to be Waived:**

List those provisions of the Collective Bargaining Agreement (CBA) for which a waiver is sought. Include specific Article and Section numbers, as well as the page number, on which the provisions are found in the current CBA.

2. **Proposed Replacement Text:**

Please provide the replacement language which is proposed to operate in place of the waived CBA provisions.

3. **What is the purpose of the waiver?**

4. **If a one (1) year waiver:**

Was the decision reached by:

\_\_\_\_\_ consensus; or

\_\_\_\_\_ minimum 85% vote of affected unit members?

\_\_\_\_\_ Name of site representative who can attest  
to the validity of the decision process

5. **If a three (3) year waiver:**

Was the decision reached by:

\_\_\_\_\_ consensus; or

\_\_\_\_\_ 100% vote of affected unit members?

\_\_\_\_\_ Name of site representative who can attest  
to the validity of the decision process

6. **Affected Bargaining Unit Members:**

List **all** Bargaining Unit Members who are directly, or potentially, affected by waiving this provision of the CBA. (Pursuant to CUTA By-Laws, unit members who are not CUTA Members may not participate in the waiver procedure.)

7. **Special Promises:**

If any specific arrangements or promises were made in order to reach consensus or vote approval, please list them.

8. **Notice:**

Were affected unit members specifically advised that this waiver is provisional and: (a) it will automatically expire at the end of the requested waiver period; and (b) it must be approved by both the CUTA Executive Board and the District?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
CUTA Site Representative

\_\_\_\_\_  
District Administrator

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FOR CUTA USE:

This waiver will be considered by CUTA at the first Executive Board meeting that occurs ten (10) calendar days after its receipt.

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
CUTA President

\_\_\_\_\_  
Date of CUTA Action

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FOR DISTRICT USE:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date of District Action