

**Request for Waiver - Cash Balance Penalty  
SDCL 13-13-73.5**

**Name of School District:**  **School Year**

Lowest Monthly Cash Balance   
 Total General Fund Expenditures  **Calculated %**

**Total Amount Requested to be Waived:**

Please explain the reason(s) for this request:

DRAFT

For School District Use Only			
Contact Person:	<input type="text"/>	Title:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Date:	<input type="text"/>		

<b>FOR DOE USE ONLY</b>	As per SDCL 13-13-10.1 (9) Allowable Cash Balance % <input type="text"/>
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The board may consider a waiver request due to:

- 1) Revenue needed in following year(s) due to natural disaster; or
- 2) Funding needing to expand educational programs; or
- 3) Impact of reorganization; or
- 4) Reasons that could not be reasonably anticipated by the district.

School Finance/Accountability Board Action	
Approved	<input type="text"/>
Denied	<input type="text"/>
Date:	<input type="text"/>
Appropriations Committee Action	
Approved	<input type="text"/>
Denied	<input type="text"/>
Date:	<input type="text"/>