

Request for Waiver - Teacher Compensation Accountabilities
SDCL 13-13-73.6

Name of School District: **School Year**

Contact Person: Title:
 Phone Number: Email Address:
 Date: Signature:

FY2016 Total Teacher Compensation:	\$	-	Difference Total TC:	\$	-
FY2016 Average Teacher Compensation:	\$	-	Difference Avg TC:	\$	-
FY2017 Total Teacher Compensation:	\$	-	Difference Accountability #1:	\$	-
FY2017 Average Teacher Compensation:	\$	-	Difference Accountability #2:	\$	-
FY2017 Total Teacher Compensation Accountability	\$	-			
FY2017 Average Teacher Compensation Accountability	\$	-			

Check the appropriate accountability:

Request to Waive Accountability #1: Total Expenditures for Teacher Compensation

Request to Waive Accountability #2: Average Teacher Compensation

Please list all documents provided to the board supporting this request*:

* Districts must submit Teacher Compensation Report (as reported for Annual Report)

Please explain the reason(s) for this request:

As per ARSD the board may consider a request to waive an accountability due to:

- 1) Retirement of a Teacher; or
- 2) Declining Student Enrollment; or
- 3) Change in Budgeted Costs for Benefits; or
- 4) An Unanticipated Change in Teacher FTE; or
- 5) Changes that could not be reasonably anticipated by the district.

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