

**Office of Accreditation**

Type all information or use blue or black ink.

**Administrative Rule Waiver Application**

Long-Term Substitute

**Authority to Grant Administrative Rule Waiver**

**24:43:08:01. Waiver of certain administrative rules and Department of Education policies.** The secretary of education may waive compliance of one or more administrative rules or Department of Education policies when requested by a public school district or approved nonpublic school.

**24:43:08:10. Secretary's authority to grant waivers limited.** The secretary of education may not waive a state statute. The secretary may waive an administrative rule promulgated by the Department of Education or the South Dakota Board of Education, unless the language of the rule prevents waiving. The secretary may waive established Department of Education policy and procedure.

**Part 1 – District Information**

**School District:**

<b>Superintendent Name:</b>	<b>Phone Number:</b>	<b>Email:</b>
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<b>School Board President Name:</b>	<b>Phone Number:</b>	<b>Email:</b>
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**Part 2 – Administrative Rules to be Waived**

**Select the rule(s) the district is requesting to be waived:**

***Long-term Substitute Requirement***

- ARSD 24:28:01.01 (54)** “Long-term substitute” means:
  - (A) an individual acting as a teacher of record for no more than 45 cumulative school days in a vacant teaching position while a school district pursues a contract for a teacher; or
  - (B) an individual who is acting as the teacher of record for more than 45 cumulative school days when a teacher is on a temporary leave of absence if:
    - (1) the teacher’s leave of absence is granted pursuant to the “Family and Medical Leave Act of 1993,” 29 U.S.C. § 2601, et seq. by the school; or
    - (2) the individual has a valid or inactive teaching certificate.

***Definition of an Inactive Certificate*** (will allow someone with an invalid certificate to receive an inactive certificate allowing them to meet the exemption in ARSD 24:24:01:01(54)(B)(2))

- ARSD 24:28:01.01 (50)** “Inactive certificate” means a certificate issued to a certificate holder with a valid certificate, who is not acting as an educator and requests the certificate become inactive for a period of five years.

***Application Timeline***

- ARSD 24:43:08:04. Application timelines.** An approved waiver shall take effect at the beginning of the next school fiscal year on July 1. The department must receive an application for a waiver at least 60 days prior to the start of a new school fiscal year July 1. A district may petition the secretary for consideration of an alternate effective date that is least 60 days after the department receives its application for a waiver. The secretary shall consider the quality of the application and the extent of its intended outcomes on student learning and enhancement of student opportunity in determining whether to grant the alternate effective date for an approved waiver.

### Part 3 – Verification of Administrative Rule Waiver Intent

(a) List the school(s) the where the waiver will be utilized:

(b) Provide a description about the reason for requesting the waiver:

(c) If requesting a waiver for a long-term substitute ARSD 24:28:01:01(54) (A) or (B) provide the following information:

- List the grade span and courses that will be taught by the long-term substitute:

- Provide a detailed description of the long-term substitute including name and qualifications such as degrees, work experience, or other experiences related to the courses being taught:

- Provide a description of the plan for monitoring the quality of the instruction by the long-term substitute and how the school will ensure there is not a negative impact on student learning:

(d) If requesting a waiver to allow someone with an invalid certificate to be eligible for an inactive certificate, list the name of the invalid educator and the reason the waiver is being requested:

### Part 4 – Length of Waiver

If applicable, identify the estimated length of time the long-term substitute will be in place:

<b>Part 5 – Approval by Local School Board</b>	
Date(s) Presented to School Board ( <i>attach board minutes</i> ):	Date Approved by School Board:
Signature of Superintendent/CEO:	Signature of School Board President:
Date of Signature:	Date of Signature:
<b>Part 6 – Department of Education Review</b>	
Date Received:	Date Reviewed:
Name and Reviewer:	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Reason for Denial:	
Additional Documentation Required:	
<b>Part 7 – Department of Education Secretary's Action</b>	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Reason for Denial:	
Signature:	

Send this completed application to the Department of Education, 800 Governors Drive, Pierre, SD 57501 or [doeaccred@state.sd.us](mailto:doeaccred@state.sd.us).