



WAIVER REPORT SHEET (for Union information only)

School: _____

District: _____

Specify exact contract Article(s) and/or
board policy affected by proposed waiver: _____

Total number of votes cast: _____

Number of YES votes: _____

Number of NO votes: _____

Number of VOID or SPOILED ballots: _____

Percentage of YES votes (50% + 1 required): _____

We hereby certify that the above figures and accompanying documentation constitute a true and accurate account of the referendum held on:

Date: _____

Year: _____

We further certify that all provisions of the waiver procedure established in Appendix C of the current Agreement between the Board of Education, the City of Chicago and the Chicago Teachers Union have been met.

Delegate's Signature: _____

Principal's Signature: _____

Date: _____

Effective date of waiver: _____

NOTE: Please print, fill out and fax this form to your CTU Field Representative at 312-329-6203. A courtesy copy of this form may be provided to your principal.