



State of California
 Commission on Teacher Credentialing
 Certification Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov
 Website: www.ctc.ca.gov

LOCAL APPROVAL OF SHORT-TERM WAIVER

(To be kept on file in the district)

Employing agencies may grant a short-term waiver as described under Title 5 §80120-80123, without prior approval by the Commission provided that a short-term waiver is issued one time only for any one credentialed teacher and one time only for a given classroom. The information required under §80122 for this type of waiver shall be forwarded to the County Office of Education pursuant to Education Code §44258.9. The Commission may rescind the authority of any employing agency to grant a short-term waiver upon a finding that the agency has intentionally violated any provision of §80120-80123 California Code of Regulations. Short-term waivers are valid for no more than one semester. Each County Office of Education should include information on short-term waivers in their annual Assignment Monitoring Report.

1. Employing Agency Santa Rosa City Schools 211 Ridgway Ave. Santa Rosa, CA 95401	CDS Code 49-70920	Contact Person Brigitte Carter Telephone Number (707) 528-5635
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T5 §80021.1 Requirements for Initial

2. Section to be waived: Issuance of the Provisional Internship Permit
 Type the text of pertinent sentence of the law.

3. Purpose of waiver. Include name(s) of candidate(s) appropriate.

Mr. Whitman wants to continue teaching Spanish for the rest of the 17/18 school year with a minimum of disruption to students.

4. Proposed Solution and Justification. Describe how waiver request will remedy the situation, give rationale for request and describe any negative effect(s) that are likely to occur if the request is not granted.

There has been an acute shortage of qualified Spanish Teachers. It would be detrimental for the students to lose Mr. Whitman this late in the school year.

5. Name of candidate(s) Date of Birth Social Security Numbers

1. Richard Whitman _____
2. _____
3. _____

6. Effective period of waiver

1 / 1 / 17 to 6 / 2 / 17

7. List current California credentials held and expiration date for each.

Clear Single Subject Teaching Credential - Subject: French

8. SELPA Certification. If this waiver is for special education personnel the Special Education Local Plan Area (SELPA) must be consulted prior to approval of a waiver.

SELPA approval date: _____

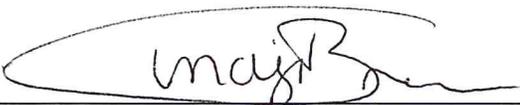
SELPA Administrator _____
(Signature Required)

Telephone Number _____

9. District Certification

No other Short-Term Waiver has been approved for the individual(s) listed in this document.

I certify under penalty of perjury that the information provided in this document is correct and complete.

Signature:  _____

(Superintendent or designee)

Title: Cindy Brennan, Director of Human Resources

Date: 4-21-17