# Request for Exception to FESD Policy GCI

**Employee:** _____

**Semester (Fall, Spring, Summer):** _____     **Academic Year:** _____

**Campus:**

☐ District Office          ☐ Sun Canyon Elementary      ☐ Western Valley Child Care Center
☐ Fowler Elementary        ☐ SunRidge Elementary        ☐ Western Valley Elementary
☐ Santa Maria Middle School ☐ Tuscano Elementary         ☐ Western Valley Middle School

**Exception Requested:**

I am requesting to be granted a waiver to the 6 unit maximum allowable per fall and spring semesters for the following reason:

I understand that this request must be approved by the Superintendent in order for the credits to be allowable for use towards Salary Advancement.

**I agree to the following conditions:**

☐ Ensure that my job performance and the planning which is required will always take priority over all other responsibilities;

☐ Resubmit this request to the Superintendent annually until the program is complete;

☐ Maintain the support of my site administrator and communicate with administrator immediately if my course load in any way interferes with the performance of the job roles.

Explanation (please state why you believe that an exception to policy should be made):

_____

_____

Employee Signature: _____     Date: _____

Director/Principal Signature: _____     Date: _____

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For Office Use Only

Approved by: _____     Date: _____

Disapproved by: _____     Date: _____

Comments: _____

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Revised 8.31.2012