Request for
**Waiver of Full-Time FRYSC Coordinator**(240 day, 30 hrs/wk minimum)

Please discuss this waiver request with your Regional Program Manager prior to submission.

[ ] New [ ] Renewal *(required yearly)*

School District:       FRYSC Region #:

Center Name:

FY:  Center Funding Allocation: $

Coordinator Salary before waiver *(with benefits)*: $

Projected Coordinator Salary after waiver *(with benefits)*: $

Current work schedule:  Days  hrs/wk

Proposed work schedule:  Days  hrs/wk

Are there any other FRYSC staff positions (salary/contractual) being paid for out of FRYSC funding allocation? [ ]  Yes [ ]  No

If so, list position(s)

Is the FRYSC Funding Allocation the only funding source for the FRYSC Coordinator Salary? [ ]  Yes [ ]  No

If this waiver is granted, how will the center remain open year-round?

Additional information pertinent to the justification of this request:

**FRYSC District Level Supervisor Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Superintendent Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed by Division of FRYSC:*

[ ]  Approved [ ]  Denied

FRYSC Director: Melissa Goins

Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: FRYSC Regional Program Manager