

CHICAGO TEACHERS UNION 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 documenta-  
tion \* constitute a true and accurate account of the referendum held on

\_\_\_\_\_, 20\_\_\_\_\_.

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

Delegate's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Effective date of Waiver:

\_\_\_\_\_

Note: ➔ Please mail to your CTU Field Representative. A courtesy copy of this form  
may be provided to your principal.

➔ \*A copy of the proposed waiver, a copy of the ballot, a copy of the voters'  
signature list and a posting of the voting time must be submitted with this  
form.

**PLEASE POST**

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**CHICAGO TEACHERS UNION**

**NOTICE OF SECRET BALLOT VOTE**

For \_\_\_\_\_ School

**FOR THE WAIVER OF ARTICLE \_\_\_\_\_**

(for the duration of the 200 \_\_\_\_\_ school year)

**DATE \_\_\_\_\_**

(This Notice must be posted 2 school days prior to the above date.)

**TIME \_\_\_\_\_**

**PLACE \_\_\_\_\_**

\_\_\_\_\_  
DELEGATE'S SIGNATURE

### VOTER SIGNATURE LIST

The signator attests that she or he is a member of the Chicago Teachers Union and has received a ballot to vote on a waiver proposal pertaining to:

Article(s): \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ School Delegate: \_\_\_\_\_

STATUS

(  one )

SIGNATURE

Teacher

PSRP
