

Appendix D

Forms for Elementary School Model Schedule Voting

FORM 1
NOTICE OF FACULTY SCHEDULE VOTE
FOR 2021-22 SCHOOL YEAR AT
(INSERT SCHOOL NAME) SCHOOL

A FACULTY VOTE ON THE **(INSERT SCHOOL NAME)** DAILY SCHEDULE WILL BE CONDUCTED ON **(INSERT DATE)** AT **(INSERT TIME)** IN **(INSERT LOCATION WITH SCHOOL)**.

ELIGIBLE VOTERS ARE ALL TEACHERS REGULARLY ASSIGNED TO THE SCHOOL WHO ARE DUES PAYING MEMBERS OF THE CHICAGO TEACHERS UNION.

TEACHER UNION MEMBERS WILL BE ASKED TO VOTE ON THE FOLLOWING QUESTION:

DAILY SCHEDULE:

I want the school to adopt the following daily schedule for the 2021-22 school year (select only one):

_____ **Model _____** – (Schedule attached) **OR**

_____ **Model _____** – (Schedule attached)

**FORM 2
BALLOT ON SCHEDULE
FOR 2021-22 SCHOOL YEAR AT
(INSERT SCHOOL NAME) SCHOOL**

I want the school to adopt the following daily schedule for the 2021-22 school year (select only one):

_____ **(Insert Model Number and description from above)**

_____ **(Insert Model Number and description from above)**

School delegate Initial

FORM 3
SCHOOL CERTIFICATION OF VOTE ON SCHEDULE FOR
2021-22 SCHOOL YEAR AT (INSERT SCHOOL NAME) SCHOOL

The Union delegate counted the undisputed ballots on the (insert school name) 2021-22 schedule vote in the presence of a designated representative of (insert -school name) on (insert date). The following were results of the faculty vote:

<u>Type of Ballot</u>	<u>Number</u>
For (insert Model number and description and attach)	_____
For (insert Model number and description and attach)	_____
Spoiled (attached)	_____
Disputed (Unopened and Uncounted)	_____
Total	_____

Strike the inapplicable paragraph below:

The number of disputed ballots will not affect the results of the vote even if counted and therefore we certify the results as final.

OR

The number of disputed ballots may affect the results of the vote if counted and therefore, we are transmitting the uncounted and unopened disputed ballots to the Union’s financial secretary for a determination of which, if any, of the disputed ballots will be counted and for certification of the vote.

CERTIFICATION

We certify that the foregoing representation of the results of the schedule vote is true and accurate.

_____	_____	_____
Union Delegate	School Administrator	Witness
_____	_____	_____
Title	Title	Title
Date: _____	Date: _____	Date: _____

CTU Delegate must e-mail Certification, ballot and schedule results to CTU @ modelschedulevote@ctulocal1.org
 Principal must e-mail Certification, ballot and schedule results to the Office of Labor Relations @ Laborrelations@cps.edu

FORM 4
UNION FINANCIAL SECRETARY AMENDED
CERTIFICATION OF VOTE ON SCHEDULE FOR 2021-22 SCHOOL
YEAR AT (INSERT SCHOOL NAME) SCHOOL

The Financial Secretary counted the disputed ballots on the (insert school name) 2021-22 schedule vote in the presence of a designated representative of (insert school name) on (insert date). The following are amended certified results of the faculty vote:

Type of Ballot	Number
For (insert Model number and description and attach)	_____
For (insert Model number and description and attach)	_____
Spoiled (attached)	_____
Ineligible voters	_____
Total	_____

CERTIFICATION

I certify that the foregoing representation of the results of the schedule vote is true and accurate.

WITNESS:

Union Financial Secretary

Signature

Title

Printed Name

Date: _____

Date: _____

CTU Delegate must e-mail Certification, ballot and schedule results to CTU @ modelschedulevote@ctulocal1.org
Principal must e-mail Certification, ballot and schedule results to the Office of Labor Relations @ Laborrelationshs@cps.edu

APPENDIX E

**FORMS FOR ELEMENTARY SCHOOL WAIVER VOTE ON SCHEDULE
(APPENDIX C WAIVER VOTE)**



FORM 5
NOTICE TO ALL CTU UNION MEMBERS OF WAIVER VOTE
FOR 2021-22 SCHOOL YEAR DAILY SCHEDULE AT
(INSERT SCHOOL NAME) SCHOOL

A CTU-MEMBER VOTE ON THE (INSERT SCHOOL NAME) DAILY SCHEDULE WILL BE CONDUCTED ON (INSERT DATE) AT (INSERT TIME) IN (INSERT LOCATION WITH SCHOOL).

ELIGIBLE VOTERS ARE ALL CTU UNION MEMBERS REGULARLY ASSIGNED TO THE SCHOOL WHO ARE DUES PAYING MEMBERS OF THE CHICAGO TEACHERS UNION.

UNION MEMBERS WILL BE ASKED TO VOTE ON THE FOLLOWING QUESTION:

 YES. I wish to waive the provisions of Article 4-1 in the following way
(modify the language, as needed, to reflect changes to the schedule):

The regular school day for early childhood and elementary school teachers shall not exceed seven hours with a continuous lunch period of forty-five minutes with no work responsibilities. Teachers' lunch shall not be scheduled before the first scheduled student lunch period and shall not be scheduled after the last scheduled student lunch period. Each teacher's day shall be comprised of no more than 300 minutes of instruction, 15 minutes of non-classroom supervision and 60 minutes of continuous duty-free preparation. Four days each week the teacher's preparation time shall be self-directed; one day each week this period shall be principal-directed.

 NO. I DO NOT wish to waive the provisions of Article 4-1 and adopt the daily elementary school schedule for the 2021-22 school year attached to this ballot

A copy of the proposed schedule is attached to this Notice.

FORM 6
BALLOT ON WAIVER VOTE
FOR 2021-22 SCHOOL YEAR SCHEDULE AT
(INSERT SCHOOL NAME) SCHOOL

_____ **YES. I wish to waive the provisions of Article 4-1 and adopt the daily elementary school schedule for the 2021-22 school year in the following way (modify the language, as needed, to reflect changes to the schedule):**

The regular school day for early childhood and elementary school teachers shall not exceed seven hours with a continuous lunch period of forty-five minutes with no work responsibilities. Teachers' lunch shall not be scheduled before the first scheduled student lunch period and shall not be scheduled after the last scheduled student lunch period. Each teacher's day shall be comprised of no more than 300 minutes of instruction, 15 minutes of non-classroom supervision and 60 minutes of continuous duty-free preparation. Four days each week the teacher's preparation time shall be self-directed; one day each week this period shall be principal-directed.

_____ **NO. I DO NOT wish to waive the provisions of Article 4-1 and adopt the daily elementary school schedule for the 2021-22 school year attached to this ballot**

A copy of the proposed schedule is attached to this Notice.

School delegate Initial

FORM 7
SCHOOL CERTIFICATION OF WAIVER VOTE ON DAILY SCHEDULE
FOR 2021-22 SCHOOL YEAR AT (INSERT SCHOOL NAME) SCHOOL

The Union delegate counted the undisputed ballots on the (insert school name) waiver vote for the 2021-22 schedule vote in the presence of a designated representative of (insert school name) on (insert date). The following were results of the union members' vote:

<u>Type of Ballot</u>	<u>Number</u>
YES	_____
NO.	_____
Spoiled (attached)	_____
Disputed (Unopened and Uncounted)	_____
Total	_____

Strike the inapplicable paragraph below:

The number of disputed ballots will not affect the results of the vote even if counted and therefore we certify the results as final.

OR

The number of disputed ballots may affect the results of the vote if counted and therefore, we are transmitting the uncounted and unopened disputed ballots to the Union's financial secretary for a determination of which, if any, of the disputed ballots will be counted and for certification of the vote.

CERTIFICATION

We certify that the foregoing representation of the results of the schedule vote is true and accurate.

Union Delegate

School Administrator

Witness

Title

Title

Title

Date: _____

Date: _____

Date: _____

CTU Delegate must e-mail Certification, ballot and schedule results to CTU @ modelschedulevote@ctulocal1.org
Principal must e-mail Certification, ballot and schedule results to the Office of Labor Relations @ Laborrelationses@cps.edu

FORM 8
UNION FINANCIAL SECRETARY AMENDED
CERTIFICATION OF WAIVER VOTE ON SCHEDULE FOR 2021-22
SCHOOL YEAR AT (INSERT SCHOOL NAME) SCHOOL

The Financial Secretary counted the disputed ballots on the (insert school name) 2021-22 schedule vote in the presence of a designated representative of (insert school name) on (insert date). The following are amended certified results of the union member vote:

<u>Type of Ballot</u>	<u>Number</u>
YES.	_____
NO.	_____
Spoiled (attached)	_____
Ineligible voters	_____
Total	_____

CERTIFICATION

I certify that the foregoing representation of the results of the schedule vote is true and accurate.

WITNESS:

Union Financial Secretary

Title

Date:

Date: _____

CTU Delegate must e-mail Certification, ballot and schedule results to CTU @ modelschedulevote@ctulocal1.org
Principal must e-mail Certification, ballot and schedule results to the Office of Labor Relations @ Laborrelationses@cps.edu

APPENDIX F

**FORMS FOR ELEMENTARY SCHOOL VOTE ON USE OF TEACHERS'
FLEXIBLE PROFESSIONAL DEVELOPMENT DAYS**

FORM 9

**NOTICE TO ALL CTU UNION MEMBERS OF WAIVER VOTE
ON USE OF FACULTY FLEXIBLE PROFESSIONAL DEVELOPMENT
DAYS AT (INSERT SCHOOL NAME) SCHOOL**

A CTU-MEMBER VOTE ON THE (INSERT SCHOOL NAME) FACULTY FLEXIBLE PROFESSIONAL DEVELOPMENT DAYS WILL BE CONDUCTED ON (INSERT DATE) AT (INSERT TIME) IN (INSERT LOCATION WITH SCHOOL).

ELIGIBLE VOTERS ARE ALL CTU UNION MEMBERS REGULARLY ASSIGNED TO THE SCHOOL WHO ARE DUES PAYING MEMBERS OF THE CHICAGO TEACHERS UNION.

UNION MEMBERS WILL BE ASKED TO VOTE ON THE FOLLOWING QUESTION:

_____ YES. I wish to waive the provisions of Article 19-1 in the following way (modify the language, as needed, to reflect the change to the use of professional development days):

The BOARD shall provide bargaining unit employees with ten paid professional development days per year, which shall be scheduled during or contiguous with the school year. The BOARD may schedule professional development days in full or half-day increments.

_____ NO. I DO NOT wish to waive the provisions of Article 19-1. I understand that if a majority of voters choose this option the teachers' flexible PD days will be scheduled on August 23, August 24, and June 16.

A copy of the proposed schedule is attached to this Notice. *(The attachment should be in accordance with the options set forth in Appendix C of this Guidance)*

FORM 10
BALLOT ON WAIVER VOTE
FOR 2021-22 SCHOOL YEAR USE OF TEACHERS' FLEX PD DAYS AT
(INSERT SCHOOL NAME) SCHOOL

_____ YES. I wish to waive the provisions of Article 19-1 in the following way (modify the language, as needed, to reflect the change to the use of professional development days):

The BOARD shall provide bargaining unit employees with ten paid professional development days per year, which shall be scheduled during or contiguous with the school year. The BOARD may schedule professional development days in full or half-day increments.

_____ NO. I DO NOT wish to waive the provisions of Article 19-1. I understand that if a majority of voters choose this option the teachers' flexible PD days will be scheduled on August 23, August 24, and June 16.

A copy of the proposed schedule is attached to this Notice. *(The attachment should be in accordance with the options set forth*

School delegate Initial

FORM 10 ATTACHMENT
USE OF TEACHERS' FLEX PD DAYS AT
(INSERT SCHOOL NAME) SCHOOL

The school is voting on the Flex PD option indicated below: (Attach one of the following choices)

- | | |
|-----------|--|
| Option 1 | Use all 3 Flex Days as Scheduled (No vote required) |
| Option 2 | Move all 3 Flex Days to Break Days |
| Option 3A | All 3 Flex Days converted to 36 weeks of 30 min PD before/after school |
| Option 3B | All 3 Flex Days converted to 27 weeks of 40 min PD before/after school |
| Option 3C | All 3 Flex Days converted to 18 weeks of 60 min PD before/after school |
| Option 3D | All 3 Flex Days converted to 12 weeks of 90 min PD before/after school |
| Option 3E | All 3 Flex Days converted 9 weeks of 120 min PD before/after school |
| Option 4A | Use 1 Flex Day either as scheduled or on breaks day and convert 2 Flex Days to 24 weeks of 30 minute PD before or after school |
| Option 4B | Use 1 Flex Day either as scheduled or on breaks day and convert 2 Flex Days to 12 weeks of 60 minute PD before or after school |
| Option 4C | Use 1 Flex Day either as scheduled or on breaks day and convert 2 Flex Days to 8 weeks of 90 minute PD before or after school |
| Option 4D | Use 1 Flex Day either as scheduled or on breaks day and convert 2 Flex Days to 6 weeks of 120 minute PD before or after school |
| Option 4E | Use 2 Flex Days either as scheduled or on breaks day and convert 1 Flex Day to 12 weeks of 30 minute PD before or after school |
| Option 4F | Use 2 Flex Days either as scheduled or on breaks day and convert 1 Flex Day to 6 weeks of 60 minute PD before or after school |
| Option 4G | Use 2 Flex Days either as scheduled or on breaks day and convert 1 Flex Day to 3 weeks of 120 minute PD before or after school |

FORM 11
SCHOOL CERTIFICATION OF WAIVER VOTE ON 2021-22 SCHOOL
YEAR USE OF TEACHERS' FLEXIBLE PD DAYS AT (INSERT SCHOOL
NAME) SCHOOL

The Union delegate counted the undisputed ballots on the (insert school name) waiver vote for the 2021-22 school year use of the teachers' flexible PD days in the presence of a designated representative of (insert school name) on (insert date). The following were the results of the union members' vote:

<u>Type of Ballot</u>	<u>Number</u>
YES.	_____
NO.	_____
Spoiled (attached)	_____
Disputed (Unopened and Uncounted)	_____
Total	_____

Strike the inapplicable paragraph below:

The number of disputed ballots will not affect the results of the vote even if counted and therefore we certify the results as final.

OR

The number of disputed ballots may affect the results of the vote if counted and therefore, we are transmitting the uncounted and unopened disputed ballots to the Union's financial secretary for a determination of which if any of the disputed ballots will be counted and for certification of the vote.

CERTIFICATION

We certify that the foregoing representation of the results of the schedule vote is true and accurate.

Union Delegate

School Administrator

Witness

Title

Title

Title

Date: _____

Date: _____

Date: _____

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Principal must e-mail Certification, ballot and schedule results to the Office of Labor Relations @ Laborrelationshs@cps.edu**

FORM 12
UNION FINANCIAL SECRETARY CERTIFICATION
OF WAIVER VOTE ON USE OF TEACHERS' FLEXIBLE PD DAY FOR
THE 2021-22 SCHOOL YEAR AT
(INSERT SCHOOL NAME) SCHOOL *(if necessary)*

The Financial Secretary counted the disputed ballots on the **(insert school name)** waiver vote on the use of teachers' flexible PD in the presence of a designated representative of **(insert school name)** on **(insert date)**. The following are amended certified results of the union member vote:

<u>Type of Ballot</u>	<u>Number</u>
YES.	_____
NO.	_____
Spoiled (attached)	_____
Ineligible voters	_____
Total	_____

CERTIFICATION

I certify that the foregoing representation of the results of the schedule vote is true and accurate.

WITNESS:

 Union Financial Secretary

 Signature

 Title

 Printed Name

Date: _____

Date: _____

CTU Delegate must e-mail Certification, ballot and schedule results to CTU @ modelschedulevote@ctulocal1.org
 Principal must e-mail Certification, ballot and schedule results to the Office of Labor Relations @ Laborrelationses@cps.edu