

Division of Family Resource and Youth Services Centers

Waiver of Full-time FRYSC Coordinator Request Form

(240 days, 30hrs/week minimum)

Please discuss this waiver request with your Regional Program Manager (RPM) 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/week
Proposed work schedule:	days hrs/week

Are there any other FRYSC staff positions (salary/contractual) being paid for out of the 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 the 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 the Division of FRYSC Approved Denied
FRYSC Director: Melissa Goins
Signature/Date: _____

Cc: FRYSC Regional Program Manager