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