ANCHORAGE SCHOOL DISTRICT
Conflict Of Interest
Application Procedures

Request for Waiver (Form C) application must be filed on those occasions where a teacher has been tutoring a child who transfers to a new school or class or advances to a higher grade and the child becomes a student in the class being taught by his/her tutor.

Or

In the event of a transfer of either a student or employee that creates a conflict that otherwise would not have existed.

1. The employee requesting the waiver will read and understand the provisions of Board Policy Section 725.8 Conflict of Interest and Board Policy Section 930.3 Private Services to Students in their entirety.

2. The employee requesting the waiver will complete the first page of the Request for Waiver

3. The employee requesting the waiver needs to sign the waiver and have it notarized.

4. The employee requesting the waiver will submit the form to their administrative supervisor for review and signature.

5. The employee’s administrative supervisor will review and sign the waiver if they believe that the service provided is compatible with the proper discharge of the employee’s duties and will not adversely affect the employee’s independence of judgment in performing his or her duties. After signing the supervisor will return the waiver to the employee.

6. The employee will send the signed and notarized waiver along with a copy of their job description to the Purchasing Department using interoffice mail or email. (purchasing@asdk12.org)

7. The Director of Purchasing will review the Request for Waiver documents and, if deemed appropriate, forward the request for waiver to the Superintendent or designee for approval.

8. Once the Superintendent or his/her designee has approved or disapproved the Request for Waiver, the Director of Purchasing will return a copy to the applicant.
REQUEST FOR WAIVER
(Form C)
From Anchorage School Board Policy Section 725.8 Conflict of Interest and Section 930.3 Private Services to Students

Applicant: [Board Member/ASD Employee] ____________________________________________
Mailing Address: ________________________________________________________________

Position: ___________________________ (City, State, Zip) ___________________________
School/Dept: ______________________ Work Phone #: ____________________________
Date Submitted: ____________________ Email: _______________________________________

Check box that applies:

1. ___ A teacher who has been tutoring a child who transfers to a new school or class or advances to a higher grade and the child has become a student in the class being taught by me.

2. ___ An Employee that has transferred or has had a student transfer that has created a conflict that otherwise would not exist.

I request a waiver from the School Board’s Conflict of Interest Policy so that I may continue to provide services for compensation to a pupil who is under my direct supervision or for whom I provide services in my official capacity.

Describe the nature, type, and extent of services provided to the pupil and reason the conflict exists:
_________________________________________________________________________
_________________________________________________________________________

I certify that I have read and understand the provisions of Board Policy Section 725.8 Conflict of Interest and 930.3 Private Services to Students in their entirety. This includes section 930.3 “…in no case may an employee recruit the employee’s own pupil or athlete for services or participation in a program for which the employee receives compensation. No employee may charge a pupil a fee for any service rendered the pupil on the premises, or for any service connected with the school system.”

_________________________________________________________________________
Signature of ASD Employee ____________________________ Date _______________________

STATE OF ALASKA )
THIRD JUDICIAL DISTRICT )
SUBSCRIBED AND SWORN to before me this ___________ day of ____________, ________
(month) (year)

_________________________________________________________________________
Notary Public in and for Alaska
My Commission Expires: _______________________________
I certify that the service provided is compatible with the proper discharge of the employee’s duties and will not adversely affect the employee’s independence of judgment in performing his or her duties.

__________________________  _____________________________
Signature of Supervisor or Superintendent          Date

__________________________
Name of Supervisor or Superintendent

**Waiver Request per School Board Policy Section 725.8**

Waiver Request: _______ Granted*   _______ Denied  Date Waiver Expires: *June 30, 20___

__________________________  _____________________________
Signature of Superintendent or Designee          Date

__________________________
Name of Superintendent or Designee

*Granted waivers expire on the last day of the fiscal year in which they are granted and must be renewed annually. If the employee wishes to submit a bid, proposal or quotation on a District or municipal contract in any year after his/her waiver has expired, he/she must request and be granted a new waiver for each new fiscal year before he/she may submit such a bid, proposal or quotation.