



OFFICE OF ADULT EDUCATION

Salary Waiver Request Form

Date: _____

Requestor's Information:

Local Education Agency (LEA): _____ Name: _____ Position: _____ E-mail: _____ Phone: _____

Applicant's Information:

Name: _____ Position: _____ Anticipated Start Date: _____ Hourly Rate: _____ Annual Salary: _____ Employment: _____
Full-Time
Part-Time

Summarize the applicant's qualifications and credentials, including years of experience in education.

What makes this person exceptionally qualified for exceeding the maximum salary requirement?

Number of staff the applicant will supervise (*if applicable*): _____

Number of students enrolled in adult education: _____

Include the following required documents: _____
Resume
Transcript(s)

LEA/Director Signature: _____ Date: _____

*E-mail the completed form to adulted@arkansas.gov along with **ALL** required documents.*

Note*: Application will not be processed without **ALL** the required documents.

Office of Adult Education - (Office Use Only):

Approved: _____ State Director's Signature: _____ Approval Date: _____
Yes
No