



OFFICE OF ADULT EDUCATION

Licensed Teacher Waiver Form (Initial)

MUST BE APPROVED BEFORE HIRING

Date:

Requestor's Information:

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

Instructor's Information:

Name: Expected Start Date: Numbers of Hours/Week: Hourly Wage: Anticipated Annual Salary: Employment:
Full-Time
Part-Time

Justification:

Type of Class:

Job duties and responsibilities:

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

Current percent of instructors without an Arkansas teaching license*:

Include the following required documents**:

- Resume
- Transcript(s)

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

Note*: Only 25% of a program's instructional staff can be comprised of non-licensed instructors who hold a Master's Degree in Mathematics, Reading & Language Arts, English, Social Studies, Science, English as a Second Language or other closely related field.

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

Waiver is valid through: Start Date: End Date: