Adult Education section

***Salary Waiver Request Form***

***Email the completed form to*** ***adulted@arkansas.gov*** ***along with required documents.***

## **Your Contact Information:**

LOCAL EDUCATION AGENCY (LEA):



FIRST NAME:



E-MAIL ADDRESS:



DATE:



LAST NAME:



PHONE:



## **Applicant’s Information:**

APPLICANT’S NAME:



POSITION:



ANTICIPATED ANNUAL SALARY:



DATE INTERVIEWED:



REQUESTED HOURLY RATE:



EMPLOYMENT:





## **Qualifications:**

MINIMUM QUALIFICATIONS FOR POSITION:



APPLICANT’S QUALIFICATIONS **(Please summarize the applicant’s related qualifications, including years of directly and indirectly related experience, education. What makes this person exceptionally qualified for the position? Attach resume and transcripts)**:



NUMBER OF ADULT EDUCATION STAFF THE APPLICANT WILL SUPERVISE **(if applicable)**:

NUMBER OF STUDENTS ENROLLED IN ADULT EDUCATION:



INCLUDE THE FOLLOWING REQUIRED DOCUMENTS\*:





LEA/DIRECTOR SIGNATURE:



DATE:



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

## **Adult Education Section—Action:**

APPROVED:





ADULT EDUCATION DIRECTOR’S SIGNATURE:



APPROVAL DATE:



START DATE:



END DATE:

