

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
HUMAN RESOURCES

**IMPACT STATEMENT/WAIVER**

20\_\_\_\_ - 20\_\_\_\_

**Instructions:** Complete one form for each vacancy and submit to the appropriate Executive Director by Friday at 4:00PM.

Cost Center \_\_\_\_\_ Cost Center Head Name \_\_\_\_\_

Waiver Requested For \_\_\_\_\_  
Position \_\_\_\_\_

Reason for vacancy, i.e., new, replacement, etc. \_\_\_\_\_

A. Describe impact of not filling the above-mentioned position \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe alternatives you have considered in completing the year without the position, i.e., long-term substitute, pay for use of planning period, instructional substitute in a classified position, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERINTENDENT'S CABINET USE ONLY**

Executive Director Response \_\_\_\_\_

Cabinet Review       Approval       Denial      Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Executive Director Name (Print) \_\_\_\_\_

Executive Director Signature \_\_\_\_\_