

# PARAPROFESSIONAL WORK HOUR WAIVER

To be completed to request reduction in daily work hours for full-time paraprofessionals.

I request to waive my minimum workday as contained in the paraprofessional contract for the following reason:

\_\_\_\_\_ Work voluntarily in After-School Care Program

\_\_\_\_\_ Attend School

\_\_\_\_\_ Family/Personal

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Personnel # \_\_\_\_\_ Home Phone # \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

Principal \_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED: \_\_\_\_\_  
Broward Paraprofessional Association

**Complete a ZPAF in SAP and  
Mail or Pony form to:**

**EMPLOYEE RELATIONS DEPT., 2<sup>nd</sup> Floor  
The School Board of Broward County, Florida  
600 SE 3<sup>rd</sup> Avenue, Ft. Lauderdale, FL 33301  
Phone: 754-321-2140 Fax: 754-321-2141**