PAT CONTRACT EXCEPTION 2019-2020
DEADLINE: May 17, 2019

Application
This application is to be completed by the PAT Head Representative and signed by the site administrator. Submit COPY OF BALLOT, SIGNED APPLICATION FORM, and COPIES OF SCHEDULES/CALENDARS to the PAT Advocacy Committee via PONY or scan and e-mail: jennifer.dixon@oregoned.org

School/Site_________________________ Date ________________

1. _____ Renewal of Previous Contract Exception
   _____ New Contract Exception

2. State the reason for requesting an exception to the contract.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

3. Identify the contract article(s) relevant to the request for exception.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. Explain how the proposed exception impacts unit members.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

5. Explain the options for unit members who oppose the exception.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

6. Voting information:
   a. Number of unit members at site: ____________________________
   b. Number of unit members approving the exception: __________
   c. Number of unit members opposing the exception: ____________
   d. Number of unit members not voting (count as “no” vote): ______
   e. Percentage of unit members approving the exception: ___% 

   To arrive at the percentage (e), divide the number approving the exception (b) by the total number of unit members (a).

Head PAT Representative: ________________________ Site Administrator: ________________________

_________________________ Date: ________________ ___________________________ Date: ________________

Signature ______________________ Signature

Head PAT Rep Contact info: Phone: ________________________ E-mail: ________________________

Action by PAT Advocacy Committee: Approved_____ Denied_____ Date__________

Approved by PAT: ________________________________ Title ________________________________ Date__________

Approved by PPS: ________________________________ Title ________________________________ Date__________
Unit Member Ballot

Explanation

To protect unit members’ rights guaranteed by the PPS/PAT Agreement and to preserve the integrity of the bargaining process, schools/sites must apply for a Contract Exception when they wish to implement a practice or program that deviates from current contract language. A granted exception is in force for one school year. A request for renewal must be made and approved annually.

School/Site: ____________________________ Date(s) of Voting ____________________________

1. State the reason for requesting an exception to the contract.

__________________________________________________________________________________

2. Identify the contract article(s) relevant to the request for exception.

__________________________________________________________________________________

3. Explain how the proposed exception impacts unit members.

__________________________________________________________________________________

4. Explain the options for unit members who oppose the exception.

__________________________________________________________________________________

I VOTE IN FAVOR OF THE CONTRACT EXCEPTION

I VOTE AGAINST THE CONTRACT EXCEPTION

Return ballot to PAT REP ____________________________ by ________________.

PRINT NAME OF PAT HEAD REPRESENTATIVE DATE