



**Alabaster City Schools
Board of Education
CONTRACT VARIANCE REQUEST**

School: _____

Employee name: _____ Employee Number _____

Length of Contract: _____

Requested Change: _____

Reason for Request: _____

Employee Signature: _____ Date _____

Approved: _____ Date _____
Principal/Supervisor

Approved: _____ Date _____
Coordinator of Human Resources

Approved: _____ Date _____
Superintendent

Champions of our Future