



Alteration of Evaluation Cycle Agreement Form

Certificated Employee with National Board Certification

1800 Solar Drive, Oxnard, CA 93030

Employee Information

- Employee Name: _____
- Employee ID Number: _____
- School Site/Department: _____
- Position/Grade Level: _____
- National Board Certification Area: _____
- Certification Effective Date: _____
- National Board Certification Expiration Date (if applicable): _____

Request for Alteration of Evaluation Cycle

In accordance with the provisions of **Article 9.6 of the Certificated Bargaining Agreement**, I, the undersigned, request an alteration of my evaluation cycle due to the attainment/maintenance of certification from the National Board for Professional Teaching Standards during the effective term of the Agreement.

Reason for Request:

- Obtained National Board Certification
- Maintained National Board Certification

Proposed Evaluation Cycle Adjustment

Current Evaluation Cycle: _____

Proposed New Evaluation Cycle: _____

Rationale for Proposed Adjustment:

Employee Acknowledgment

I understand that this request for an alteration of the evaluation cycle is subject to approval by the school principal and district administration in compliance with the **Certificated Bargaining Agreement Article 9.6**. I further acknowledge that this alteration will remain in effect for the duration of my current certification or as specified by the terms of the Agreement.

Employee Signature: _____ Date: _____

Principal/Administrator Approval

I have reviewed and approve the request for an alteration of the evaluation cycle for the above-named employee in recognition of their National Board Certification.

Principal/Administrator Name: _____

Title: _____

Signature: _____ Date: _____

District Approval

District Representative Name: _____

Title: _____

Signature: _____ Date: _____

For District Office Use Only

Date Received: _____

Effective Date of Evaluation Cycle Adjustment: _____