

REQUEST FOR WAIVER OF MINIMUM STANDARDS FOR RHODE ISLAND PUBLIC LIBRARIES

Please fill out and submit a form for each standard to be waived.

Name of City or Town: _____

Name of library/libraries: _____

We hereby request a waiver of the following standard: _____

Reason: (Please attach any additional supporting documentation)

Action which will be taken to comply with this standard:

Projected date for compliance with this standard: _____

Signature of Director: _____

Signature of Chair/Boards of Trustees: _____

Signature of Director: _____

Signature of Chair/Board of Trustees: _____

Signature of Director: _____

Signature of Chair/Board of Trustees: _____

Date submitted: _____

The following section is for office use only. It will be completed by the Office of Library and Information Services, and a copy will be returned to the library/combined libraries for your records.

To be filed by the Office of Library and Information Services by city/town, library, and standard number.

Waiver granted until (date): _____

Waiver granted for staff member in professional position:

_____ date _____ name _____ position _____

Waiver not granted (date): _____

Explanation:

Signature: _____

Title: _____

Date: _____

To be completed for appeal filed with the Library Board of Rhode Island

Action taken by the Library Board of Rhode Island:

Date: _____