

REQUEST FOR STATE BOARD WAIVER

THIS IS A PUBLIC DOCUMENT

Date: June 20, 2016

Name of Board Member or Former Board Member: Donald A. Kirkegaard

Name of Board, Authority or Commission: South Dakota Board of Education

Brief explanation of your potential conflict of interest:

I am the superintendent of the Meade School District and have an employment contract with the district, which is a political subdivision.

Brief explanation of the current or anticipated business transaction with a State agency or with a political subdivision of the State and your role in the transaction:

See above.

Brief explanation of the essential terms of the contract or transaction:

I sign a yearly contract with the Meade School District to serve as superintendent. I perform duties as outlined by the Meade School District Board of Education.

Brief explanation of why you believe a waiver should be granted:

I am disclosing the existence of the employment contract because the contract is with a political subdivision which administers similar subject matter programs as the Board of Education. The Board of Education has no oversight of funds received by the district from the Department of Education. The Meade School District Board of Education determines whether to renew my contract and terms of my contract, in the public interest of the students and citizens of the district.

Signature of Person Requesting Waiver: _____

STATE OF SOUTH DAKOTA

SOUTH DAKOTA BOARD OF EDUCATION

STATE BOARD DISCLOSURE LAWS
WAIVER AUTHORIZATION
PURSUANT TO SDCL 3-23-3 (current member)

A written request for waiver of conflict, dated June 20, 2016, was received from Donald A. Kirkegaard.

The request was acted upon by the members of the South Dakota Board of Education during a meeting held on June 20, 2016.

(check one)

_____ The request for waiver was denied for the following reasons:

_____ The request for waiver was authorized for the following reasons:

_____ The request for waiver was authorized subject to the following conditions:

Signature of Chairperson or Authorized Member

Date

Date mailed to Auditor-General: _____