REQUEST FOR STATE BOARD WAIVER

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Date: June 20, 2016

Name of Board Member or Former Board Member: Glenna N. Fouberg

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

Brief explanation of your potential conflict of interest:

I occasionally fill in at Northern State University (NSU) to monitor the administration of Praxis tests. I do things like making sure the test-takers get their computers set up and that the area is secure. I do not score the tests.

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:

When others are unavailable, I will fill in to do the work described above on or after July 1, 2016.

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

I do not have a formal employment contract with NSU, but I may be paid $40-$100 per month for the work depending on what months and how often I need to fill in.

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

This is not a conflict with my role as a Board of Education member, and it is in the public interest for NSU to have someone to do this so these test-takers can get their Praxis test done. Because it is a contract with the State (NSU) which is potentially within the subject matter of the Board of Education, I am seeking a waiver for this work going forward.

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 15, 2016, was received from Glenna N. Fouberg.

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

Printed Name: Donald A. Kirkegaard, President

Date mailed to Auditor-General: _____