

# Request for Waiver: Employees Desiring to Do Business With Las Cruces Public Schools



*This form must be completed and submitted to the office of the Superintendent of Schools. See LCPS Policy and Regulation GBEA: Employee Conflict of Interest, for more information.*

I am employed by Las Cruces Public Schools as a \_\_\_\_\_ at \_\_\_\_\_ *#1 (current job title)* in the \_\_\_\_\_ *#2 (job location)* \_\_\_\_\_ *#3 (front office/classroom/program/etc.)*. As such, my responsibilities include participation in purchasing goods and/or services needed by the school, department, class, program, etc. listed above.

I am also the \_\_\_\_\_ *#4 (father/mother/spouse/son/daughter/etc.)* to \_\_\_\_\_ *#5 (family member name)*, who is \_\_\_\_\_ *#6 (owner/partner/majority stockholder/employee/etc.)* of \_\_\_\_\_ *#7 (business, company, etc.)*, a provider of \_\_\_\_\_ *#8 (service/product/etc.)* that the \_\_\_\_\_ *#9 (school/department/class/program/etc.)* may be purchasing.

Because my responsibilities include involvement in the purchase of the service/product listed in #8 above, I am requesting a waiver from prohibited employee participation pursuant to 13-1-194, NMSA, 1978 of the New Mexico Procurement Code.

I have received and reviewed employee information found in a document entitled "Employee Purchasing," issued by LCPS Purchasing Department. I am aware of the school district's purchasing procedures and will abide by them as they relate to the development of specifications and requirements to maximize receipt of competing bids and proposals.

If successful in obtaining a waiver, I believe the school, department, class, program, etc. cited in #9 above will benefit from my personal experience and knowledge in conducting needs analysis and in developing requirements for meeting the goals of the school, department, class, program, etc. cited in #9 above.

As stated in #1 above, my position with LCPS requires my participation in the purchase of goods/services. I believe prohibiting my participation will compromise the school, department, class, program, etc. cited in #9 above in its ability to meet its goals. I believe my participation, as governed by LCPS purchasing policy and regulation, will benefit the school, department, class, program, etc. cited in #9 above through the purchase of services/product/etc. listed in #8 above that are of good quality and sold at a competitive price.

Please include this request for waiver on the agenda of the LCPS Board of Education for an upcoming public meeting.

Should you need additional information or encounter any problems, please contact me at your convenience at \_\_\_\_\_ *#10 (telephone number)* or \_\_\_\_\_ *#11 (email address)*.

Sincerely,

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_