
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

I, (print your name) _____

understand and agree that I have voluntarily waived payment for my duties as:

Title/Rank: _____ **Banner ID:** _____

With the (dept) of: _____

In the School/College of: _____

For the Period of : _____ (term/date)

Through: _____ (term/date)

During the school year: _____

I further understand and agree that I will not be eligible to receive unemployment compensation or any other benefits of employment at SIUE. I understand that this waiver and agreement is binding forever upon myself, my heirs and successors.

Employee's
Signature: _____ **Date:** _____