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

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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:** \_\_\_\_\_