

## Instructions to Complete Waiver

Please complete the form by filling in the appropriate information in the blank areas.

Your Civil Service position title can be found on the datasheet provided at the group meetings.

It is important to use a computer to complete the form or print your name and UIN clearly so the form can be processed.

Completed forms should be delivered to your Department or College Human Resources contact for Unit Executive Office approval.

Once forms are approved, they should be inter-campus mailed to the HR Service Center MC 900.

To: UIC Human Resources

From: \_\_\_\_\_

I am employed by the University of Illinois with the title of \_\_\_\_\_, which is considered an "Academic Professional" position. Pursuant to a university of Illinois at Chicago campus audit of current Academic Professional positions, my position has been identified as one that should be reclassified to a Civil Service position title of \_\_\_\_\_.

I have received separately the information regarding the conditions of employment applicable to me in my new title, and what conditions of employment are applicable to Academic Professional positions which no longer apply to me.

Based on my personal preferences, I request that my position be converted as soon as possible to the Civil Service position identified to me.

In consideration for receiving the benefits of the terms and conditions of employment applicable to Civil Service employees as soon as practicable, I waive my right to a notice of non-reappointment, which would ordinarily be given prior to terminating my employment as an Academic Professional employee as set forth in Article IX section 11 of the University of Illinois Statutes, as well as any right to remain as an Academic Professional through the term of my current appointment period.

**ACCEPTED FOR UIC HUMAN RESOURCES**

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Signature                                      Date

\_\_\_\_\_  
UIN

\_\_\_\_\_  
Unit Executive Officer Printed Name

\_\_\_\_\_  
Unit Executive Officer Signature                      Date