

Waiver of Liability

Appointment Date _____

Anticipated End Date _____

I certify that I understand that I shall obtain no permanent or probationary status in state service because of this appointment or extension; and, that this appointment may be ended at any time.

Signature

Date

(Signature required on temporary, emergency, provisional, unclassified, trainee, and intern appointments and extensions.)

If you require an alternate format (i.e., large print, etc.), call (651) 259-3775/Voice or (651) 282-2699/TTY.

PE-00641-04 (01/07)

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