
Classification: _____

In accordance with Article 19 of the SEIU/SRJC bargaining agreement, I understand that the Classification Review Committee is reviewing my job description and classification. I understand that by signing this waiver, I am excluding myself from the process, including any appeals. I also understand that by signing this waiver, changes may be made to the job description for the classification that I hold and that I am waiving my right to input for any revisions that are made.

Date: _____

Employee Signature: _____

Printed Name: _____

Department: _____

TO BE COMPLETED BY SUPERVISOR (only if employee is waiving):

- ☐ I understand that this employee is waiving their right to have input in this process and I agree to the terms above. I also understand that by signing this waiver, changes may be made to the job description for the classification that the employee holds and that I am waiving my right to input for any revisions that are made.

OR

- ☐ I understand that this employee is waiving their right to have input in this process and I choose to participate in the review of this classification. I have provided the PDQ and the job description with recommended edits.

AND (if applicable)

- ☐ I believe that the job description is current, accurate and it represents at least 80% of the duties performed by the employee in this classification.

Supervisor Signature: _____

Printed Name: _____
