SimiValleySchools

SIMI VALLEY UNIFIED SCHOOL DISTRICT
CLASSIFIED PERSONNEL SERVICES

WAIVER OF INTERVIEW

For Candidates on Current Eligibility Lists. A separate waiver must be completed for each classification.

Name (Print Clearly) _____

Address _____ **Apt/Sp #** _____

City _____ **State** CA **Zip** _____

Telephone: Home ( ) - _____ **Cell** ( ) - _____ **Wk** ( ) - _____

Eligibility List CLASSIFICATION _____

Eligibility List EXPIRATION DATE _____

SUB ONLY

☐ I am available to **SUB ONLY** ☐ **ANY** location/hours OR ☐ **ONLY** as listed below.

I AM AVAILABLE TO WORK AS FOLLOWS:

☐ **MINIMUM** daily hours: _____ **/MAXIMUM** daily hours: _____ that I will accept.

☐ **EVERY DAY** (Monday through Friday)

☐ **ONLY** on the following Days: _____ _____ _____ _____

☐ **ANY DUTY HOURS** (For Example: Some positions may start at 6:00am or end at 4:30pm, or night shift, etc.)

☐ **ONLY** the following **DUTY HOURS:** _____ **To** _____ (Earliest I can start; Latest I can work)

SITE / DEPARTMENT

☐ **ANY** School Site, Level, or Department

☐ I **DO NOT** wish to be considered for employment at the following sites/levels/departments:

_____ _____ _____ _____

☐ I wish to be interviewed/considered for employment **ONLY** at the following sites/levels/departments:

_____ _____ _____ _____

NON-AVAILABILITY

☐ Please **REMOVE** my name from the Eligibility List.

☐ I am **NOT available until further notice** (NATFN) to interview or be considered for employment.

☐ I am **NOT available until (date)** _____ to interview or considered for employment.

I understand it is my responsibility to submit a new waiver to Classified Personnel if I wish to change any information provided in this waiver.

_____ _____

SIGNATURE **DATE**