

PERSONNEL

PETITION FOR WAIVER OF WAGE DEDUCTION REQUIREMENT

Name of Applicant: _____

Date: _____

I petition for a waiver of any deduction from my future wages to reimburse the school district for costs of the records check procedures.

My reasons for making this petition are as follows:

I understand that in the event my petition is rejected, I may appeal that decision to the Superintendent of Schools

Applicant's Signature