

## 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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