

**Personnel Board of Jefferson County
REQUEST FOR WAIVER**

Applicant Name: _____

Social Security Number: _____

Begin Date of Waiver: ____/____/____ End Date of Waiver: ____/____/____

Register Title (s) _____

B Y C N Y	_____
	Register #

	Register #

	Register #

I acknowledge that I have read Personnel Board Rule 10.5(a) and I request that my name not appear on any certification list(s) associated with the register(s) designated above for the period of time specified.

PERSONNEL BOARD RULE 10.5 (a)

Before being certified, an eligible candidate may waive, in writing, Certification rights for a period not to exceed six (6) months. Such written request shall set forth in detail the reasons for such request. All such requests must be approved by the Director, taking into consideration the needs of the Classified Service and interests of the Eligible Candidate. During the period for which waiver is granted, such Eligible Candidates will not be certified or considered for appointment.

Reason(s) for Waiver Request:

Applicant Signature: _____

Date: ____/____/____

PBJC Approval: _____

Date: ____/____/____

Please return this completed form to: The Personnel Board of Jefferson County, Records Management Dept., 2121 Eight Avenue North, Suite 100, Birmingham, Al 35203-2367 or fax to G. James at (205) 279-3406.