

Form 4.10a

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

1717 Philo Road, Suite 24, Urbana, IL 61802-6099

WAIVER OF QUALIFICATION REQUEST
NEW OPERATING UNIT ACQUISITION

Place of Employment: _____

Name, ID, and Department Address of Incumbent: _____

Previous Employer and Title: _____

New Civil Service Classification: _____
(Attach new job description)

I hereby request permission to waive the following minimum qualification(s) as set forth in the class specification:

This request is made in accordance with 110 ILCS 70 (70/36q) and 80 Ill. Administrative Code, § 250.30 (West 2000).

Comments/Justification:

I certify that this person is performing the defined duties and responsibilities associated with the Civil Service classification indicated above and will be provided standard classification privileges, including seniority and benefit accrual, in accordance with State Universities Civil Service System Statute and Rules beginning

_____.
(Date)_____
Designated Employer Representative_____
Date☐ Approved☐ Not Approved_____
Executive Director_____
Date