

APPENDIX F

VALLEY VIEW COMMUNITY UNIT SCHOOL DISTRICT 365U

WAIVER OF RIGHT OF REPRESENTATION

(Complete in Triplicate)

Date: _____

Place: _____

Subject of Meeting: _____

Present at Meeting: _____

I hereby agree to waive my right to AFT representation during the meeting described above.
This in no way limits any other rights that accrue to me as a teacher.

(Signature of Teacher)