

Waiver of Retention Rights

TO: Human Resources

FROM: _____

DATE: _____

RE: WAIVER OF RETENTION RIGHTS, POSITION NUMBER _____

State Personnel Board Rule 1-19 states, “An employee may voluntarily and knowingly waive, in writing, all rights under the state personnel system, except where prohibited by state or federal law.”

I understand and agree to the following terms of employment:

- The position I am accepting is: _____
- I understand that this position may be abolished in the future due to lack of work, lack of funds, or reorganization.
- I agree to voluntarily resign in the event the position is abolished due to lack of work, lack of funds, or reorganization. I agree that a term of this voluntary resignation is that I voluntarily waive any retention rights provided under Chapter 7 of the State Personnel Board Rules and Director’s Administrative Procedures and any right to appeal or otherwise challenge these retention rights or position abolishment to the State Personnel Board.
- This agreement does not prevent me from applying for other positions within the Department or the state personnel system, including transfer opportunities.

My signature on this document will allow Colorado State University to employ me in the position referenced above. I acknowledge that this agreement does not exempt me from any performance expectations or requirements established by State law, State Personnel Board rules or procedures, University policy or my supervisor.

Employee’s Signature Date

RECEIVED BY:

Manager’s Signature Date
(Department Authorized Signature)

