

**District Business and Advisory Services**

**180-DAY WAIVER REQUEST FOR PERS/STRS RETIREES**

District Name: \_\_\_\_\_

Retiree's Name: \_\_\_\_\_

Previous Title Held: \_\_\_\_\_

Monthly Base @ Retirement: \_\_\_\_\_

Length of Service Required: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Special Qualifications (List and Attach Certificates) \_\_\_\_\_

Reason for Requesting 180-Day Waiver: \_\_\_\_\_

Other Providers Contacted (List at least 3 providers)

Name: \_\_\_\_\_ Rate Charged: \_\_\_\_\_

Reason for Not Selecting: \_\_\_\_\_

Name: \_\_\_\_\_ Rate Charged: \_\_\_\_\_

Reason for Not Selecting: \_\_\_\_\_

Name: \_\_\_\_\_ Rate Charged: \_\_\_\_\_

Reason for Not Selecting: \_\_\_\_\_

\_\_\_\_\_  
Signature of District's Chief Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District's Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DBAS Director

\_\_\_\_\_  
Date