

**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)