

Form JCEB-6

*Empowering Dreams for the Future*

**EMPLOYEE WAIVER FORM**

**for**

**STUDENT DISCIPLINARY HEARING**

I have discussed my assault, battery, physical violence, and/or physical threat incident

|  |  |  |
| --- | --- | --- |
| involving the student, |  | , with an administrator |

Student Name (Please Print)

|  |  |  |
| --- | --- | --- |
| and I, |  | , voluntarily waive my |

Employee Name (Please Print)

opportunity to participate in a student disciplinary hearing for the student involved in the assault,

battery, physical violence, and/or physical threat towards myself. I understand that I am not required to

sign this waiver.

I understand that with this waiver the disciplinary hearing may not take place, and if it does not the

discipline recommended by the school for the student will be in effect. However, I also understand that,

in some cases, the student may also be required to waive his/her opportunity for a disciplinary hearing.

If the student must also waive his/her hearing and elects not to do so, I understand I may be required to

participate in this disciplinary hearing even though I have signed this waiver. If I have any questions or

concerns, I will ask the appropriate administrator for clarification.

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| --- | --- | --- | --- | --- | --- |
| This request for waiver is made on |  | , | 20 |  | . |

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Employee Signature