

**ATTACHMENT D
SAMPLE EMPLOYMENT WAIVER
RFP #5210Z1**

I, _____, hereby acknowledge that I am an employee of _____ (hereinafter called Employer). My Employer has contracted with _____ (hereinafter called Contractor) to provide Contract Employees to be utilized to perform Contract Number _____ entered into between the Contractor and the State of Nebraska. I further acknowledge that I am not an employee of the State of Nebraska.

If found to be an employee of the State of Nebraska, through any legal proceeding or other process, I acknowledge that I have reviewed, and I am satisfied that I have been fully advised regarding the benefits available to employees of the State of Nebraska. I believe the benefits provided by my Employer are more beneficial and I elect to receive the benefits provided by my employer. Therefore, I knowingly and voluntarily waive any current or future right to any employee benefits provided by the State of Nebraska.

Signature

Print Name

Date