

1/15/95

SW 3300.15  
SW Appendix 2

SW APPENDIX 2.

**WAIVER FOR DIFFERENTLY ABLED**

I hereby waive all claims to monetary benefits for service rendered to the Federal Aviation Administration, Southwest Regional Office as \_\_\_\_\_ for the  
(volunteer position)

period covered by this appointment. The signing of this waiver will not preclude my making application for benefits under the Federal Employees Compensation Act (covering injury on the job), or from accepting compensation through a grant or other such sources.

\_\_\_\_\_  
Type or print name of volunteer

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date