

Employee/Dependent Waiver Verification Form

EMPLOYEE INFORMATION / STATUS
Employee Name _____ ID# _____ Work Location (College/Dept.) _____ Union: _____ FT/PT _____ Hours per Week: _____ Term: _____ E-mail: _____ Extension: _____
DEPENDENT INFORMATION
Dependent Name: _____ ID# _____ Relationship: _____
Required Attachments—Check All That Apply
<input type="checkbox"/> Copy of Employee ID <input type="checkbox"/> Copy of Dependent ID <input type="checkbox"/> Copy of 1040 Form (For Dependent's only) <input type="checkbox"/> Marriage Certificate or proof from HR (for Spouse)
Human Resources Verification
Employee meets eligibility requirements for the waiver and qualifies for the following: <input type="checkbox"/> Full Waiver of tuition <input type="checkbox"/> 6 credit hours <input type="checkbox"/> One Course Verified by: _____ Date: _____
Employee Understanding
I understand that I am required to pay any out of pocket expenses at the time of registration or set up a payment plan. In addition, verification by HR is required. I will be notified in the event of denial of benefits, and will immediately work to settle any outstanding amounts with the College. I further understand that waivers will be applied to my account prior to the ending of the term. Employee Signature: _____ Date: _____
Business Office Completion:
Amount of Waiver _____ Signature: _____ Date: _____