



# EMPLOYEE TUITION WAIVER

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

**Instructions:**

1. Attach a copy of your registration form before submitting waiver to Human Resources
2. Supervisor signature is required for EMPLOYEE Waiver only
3. All waivers MUST be submitted to the Human Resources Department on the day of registration

### Division of Human Resources

#### Employee Information

Employee Name: \_\_\_\_\_ Banner ID # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Employee Group:(FT/PT) \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Division: \_\_\_\_\_

#### Type of Waiver

- EMPLOYEE** - An employee on active duty of Wayne County Community College District who is entitled to take courses without payment of tuition. *Part-time employee must submit signed work schedule (or home base form) from supervisor.*
- SPOUSE** - The spouse of an employee of Wayne County Community College District who is entitled to take courses without payment of tuition, and is living at the same address as the employee.
- DEPENDENT** - A dependent that has not reached the age of 25 by the start of the semester, and is living at the same address as the employee of Wayne County Community College District entitled to take courses without payment of tuition.

Dependent date of birth \_\_\_\_\_  
 ( MM/ DD / Y Y Y Y )

#### Spouse or Dependent Information

Full Name: \_\_\_\_\_ Banner ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_

*I hereby certify that the above information is accurate. I understand the obligations set forth by Wayne County Community College District and my union contract or policy manual. I further understand that failure to comply with these obligations may result in a denial for waiver and may entail a payroll deduction for tuition repayment. The deadline for tuition waivers submission to Human Resources is the last day of registration for each semester. However, you must submit your waiver to Human Resources on the day you register. Failure to meet the deadline will result in denial for waiver or removal from class.*

\_\_\_\_\_  
*Eligible Employee Signature* \_\_\_\_\_  
Date

\_\_\_\_\_  
*Campus President/Vice Chancellor – Required for Employee Waiver ONLY* \_\_\_\_\_  
Date

_____ <i>Human Resources Review</i>	_____ Date
_____ <i>Human Resources Approval</i>	_____ Date