

- Check One
- Classified (.5 or greater FTE)
 - Classified (.2 to .499 FTE)
 - C3 (700 or more hrs)
 - Contracted Faculty
 - PT Credit Faculty (.2 FTE)
 - Management

**CERTIFICATION
FOR
FAMILY TUITION WAIVER**
(To be completed by employee)

EMPLOYEE NAME _____ **L #** _____
DEPARTMENT _____ **SS #** _____
TELEPHONE # _____

QUALIFIED DEPENDENTS A qualified spouse, domestic partner*, persons for whom the employee is a legal guardian or an IRS dependent.

* An affidavit of domestic partnership form is required.

I certify that the following qualified dependent(s) of mine is/are eligible for the "family tuition waiver" for course(s) at Lane Community College.

**SP (spouse) S (son) D (Daughter) DP (Domestic Partner) Other (Specify Relationship)

| Add/Drop | Name of Dependent | Relationship **See Above | L # (Required for Processing) | Social Security # |
|----------|-------------------|-----------------------------|----------------------------------|-------------------|
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The following course information is needed for those dependents of classified employees with .2 to .499 FTE, hourly classified employees with 700 or more hours, and PT credit faculty with more than .2 FTE.

Current Term: _____ Year: _____

| Name of Dependent | Registration # | Course Title: | # of Credits: | Cost: | | |
|-------------------|----------------|---------------|---------------|---------|---------------|--------------|
| | | | | Tuition | Class Fees*** | Tech Fees*** |
| | | | | | | |
| | | | | | | |
| | | | | | | |

***Not paid by tuition waiver

(Please use additional forms for additional dependents)

PT Credit faculty: I am basing eligibility on a prior term. Term: _____ Year _____.

Employee Signature _____ Date: _____

Human Resources Approval

Employee Eligibility
 Verified by Human Resources _____ Date: _____