#  CERTIFICATION

**Eligibility Criteria:**

 [ ] Contracted Classified

 [ ] Classified Time-sheet – C3

 (416 + hrs in the past 12 months )

 [ ] Contracted Faculty

 [ ] PT Credit Faculty (.2 FTE)

 [ ] Management

 **FOR**

#  FAMILY TUITION WAIVER

# (To be completed by employee)

**For Official Use Only:**

E-Class\_\_\_\_\_\_\_\_\_\_\_

#Classes\_\_\_\_\_\_\_\_\_\_

Term\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPT**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUALIFIED DEPENDENTS**  A qualified spouse, domestic partner\*, persons for whom

the employee is a legal guardian or an IRS dependent.

 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 – Affidavit of domestic partnership form is required)

Other (Specify Relationship)

|  |  |  |  |
| --- | --- | --- | --- |
| **Add** | Name of Dependent | Relationship\*\*See Above | L #**(Required for Processing)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Circle One:****Term:** Fall Winter Spring Summer | **Circle One:** **Year**: 2015 2016 2017 2018 2019 |

* **PT Credit faculty Only**: I am basing eligibility on a prior term(s):

Term\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Term\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_

The following course information is needed for those dependents of part-time credit faculty with more than .2 FTE and classified employees with 416 or more hours, in the past 12 months.

 ***(Please use additional forms for additional dependents)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Dependent** | **CRN #** | **Course Title** | **# of Credits** | **Tuition** | **Class/Tech Fees\*\*\*** |
|  |  |  |  |  | ***Not*** |
|  |  |  |  |  | ***Paid by*** |
|  |  |  |  |  | ***Tuition Waiver*** |

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

### Human Resources Approval

### Employee Eligibility

**Verified by Human Resources**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Official Use Only:**

 Date TSAEXPT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE\_\_\_\_\_\_\_\_\_\_\_\_ Date FTW – X-Ref\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised June 2014 by kla

Updated March 9, 2015 by kla