

CERTIFICATION FOR FAMILY TUITION WAIVER

Eligibility Criteria:

- Contracted Classified
- Classified Time-sheet – C3
(416 + hrs in the past 12 months)
- Contracted Faculty
- PT Credit Faculty (.2 FTE)
- Management

(To be completed by employee)

EMPLOYEE NAME _____ L# _____

DEPT. _____ PHONE _____

For Official Use Only:
E-Class _____
#Classes _____
Term _____

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
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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***
					<i>Not</i>
					<i>Paid by</i>
					<i>Tuition Waiver</i>

Employee Signature _____ Date _____

Human Resources Approval

Employee Eligibility

Verified by Human Resources _____ Date: _____

For Official Use Only:

Date TSAEXPT _____ CODE _____ Date FTW – X-Ref _____