



Belleville Sam Wolf Granite City Campus Red Bud

Term _____

Year _____

Reduced Tuition Verification for Qualified Employees & Dependents

Instructions: Please review the employment policies for qualification, complete **Section One** and sign. **Take form to Human Resources Office for verification of benefit and signature.** Return completed form to the Business Office to process the tuition reduction. A new form is required each term.

SECTION ONE – To be completed by employee

Print Employee Name: _____ **Employee ID:** _____

Employment Start Date: _____

Please check one: **Reduced Tuition for Employee** **Reduced Tuition for Employee’s Dependent**

Print Dependent Name: _____ **Student ID:** _____

Qualified Dependent (check one) **Spouse** **Child under age 25 at start date of class**

Employee Signature: _____ **Date:** _____

By signing, I verify that all information is true and accurate.

SECTION TWO – To be completed by Human Resources Office

Active Employee: **Yes** **No**

Approved: **Yes** **No**

Please indicate the employee group that qualifies the above-named individual for reduced tuition:

- | | | |
|--|---|---|
| <input type="checkbox"/> FT Admin/Prof/Supv (2) | <input type="checkbox"/> FT Custodial (2) | <input type="checkbox"/> FT Public Safety (1) |
| <input type="checkbox"/> PT Admin/Prof/Supv (2) | <input type="checkbox"/> Exten Center Coord (2) | <input type="checkbox"/> PT Public Safety (1) |
| <input type="checkbox"/> FT Maintenance (2) | <input type="checkbox"/> PT Non-Union Faculty (2) | <input type="checkbox"/> PT Physical Plant (1) |
| <input type="checkbox"/> FT Faculty (2) | <input type="checkbox"/> FT Office & Technical (2) | <input type="checkbox"/> Dual Credit Instructors (1) |
| <input type="checkbox"/> FT SWICEE (2) | <input type="checkbox"/> PT SWICEE (2) | |
| <input type="checkbox"/> Adjunct Faculty (2) | <input type="checkbox"/> Other PT Non-Union (2) | |

HR Representative Signature: _____ **Date:** _____