EMPLOYEE/RETIREE/DEPENDENT TUITION WAIVER FORM

Employee/Retiree Name _____ (please print)

Employee ID # &Position/Title _____

Phone # _____ Email _____

Dependent's Name _____

Dependent's Student ID or SS# _____

Phone # _____ Email _____

Relationship to Employee/Retiree: (check one)

☐ Employee ☐ Spouse–marriage certificate required (common law will not be accepted)

☐ Biological Child under age 26 – must present birth certificate of child with employee/retiree name listed as parent

☐ Adopted, Foster, Step Child under age 26 - birth certificate plus parentage document required (marriage certificate for step child)

☐ Legal Ward Appointed by Court under age of 19 Court documents must verify child's date of birth & Guardianship appointment by employee/retiree

☐ Biological, Adopted, Foster, Step Child of Any Age who is Permanently and Totally Disabled and who lives with employee/retiree more than half the year and does not provide more than half of their own support; Parentage and Medical Documentation and Tax Documentation will be required.

☐ Retiree who retired directly from ACCS entity with 25 Consecutive Years of Service with ACCS or former employee with disability retirement from ACCS entity

☐ Child Dependent Exception permitted under ACCS Procedure 612.02 under Section III(D). (Exception only available until Fall 2028 semester).

Institution to Attend _____ **Term/Year** _____

Course #	_____	Course Name	_____	Credit Hours	___	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	___	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	___	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	___	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No
Course #	_____	Course Name	_____	Credit Hours	___	Online: ☐ Yes	☐ No	Audit: ☐ Yes	☐ No

I certify that I am familiar with the Tuition Assistance Benefit policy, that the person seeking benefits qualifies under the policy, and that I am personally responsible for providing any documentation requested to support eligibility. The College will not assist in securing appropriate documentation. Documentation must be submitted before final approval and should not be retained by the College after review. If any information is found to be false or the dependent is ineligible, I understand the waiver will be revoked, and I will be responsible for repaying all waived tuition and fees.

INITIAL BY EACH ITEM AND SIGN BELOW

_____ All fees (other than portion of tuition waiver), books and supplies are the responsibility of the student

_____ Maximum of one audit per term

___ Waiver does not apply to repeated courses

___ Student must abide by the academic limitations and policies of the attending institution (including any course limitations)

_____ Unofficial Transcripts (and current course schedule) must be attached to this form

It is the responsibility of the employee and/or dependent to ensure that all documents and forms (requested by the college where the student is enrolled) are submitted and signed by the appropriate personnel in a timely manner prior to submission. Any packets deemed as incomplete will cause a delay in the processing of the tuition waiver. Please be sure to check with the college in which you are registered for courses to ensure the packet is complete.

Employee Signature _____ Date _____

Supervisor (if required) _____ Date _____

This section to be completed by the Human Resources department at the institution of employment.

Certification: Full Waiver ☐ 2/3 Waiver ☐ 1/3 Waiver ☐ Full-time Employment Date _____ Date of Employee Retirement _____

*Dependents are eligible for waiver for a maximum of 5 years from date of employee retirement.

Certifier Name: _____ Title: _____ Date: _____

Employee's Institution: _____

This section to be completed by the appropriate college official at the institution of attendance.

Certification: Student's GPA is at least 2.0? Yes ☐ No ☐

Certifier Name: _____ Title: _____ Dept/Division: _____ Date: _____

This section to be completed by the President at the institution of attendance.

Based on the certified information above, I hereby certify that _____ has been approved to receive all benefits granted under the Employee and Dependent Tuition Waiver Program for ____ hours at the institution of _____

President: _____ Date: _____

Notes: