**Employee Tuition/Fee Waiver**

*for Part-time Lecturers & Educational Assistants*

***Please read before completing form on the reverse side***

Part-time bargaining unit (BU) members now have the same benefit as principal BU members with the exception of a limitation to one 3-credit class per semester. The waiver is no longer limited to the college where the BU member is employed.

This waiver applies to tuition, application fee, program enrollment fee, college service fee, and student activity fee.

Revised 11/2017

**BOARD OF TRUSTEES OF COMMUNITY-TECHNICAL COLLEGES**

**Housatonic Community College**

Employee Waiver Form

(Application and Certification for Exemption from Payment of Tuition and Fees)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student: | |  | | | | | | | | |
|  | |  | | | |  | |  | | |
| Social Security or Student I.D. Number: | | |  | | | | | | | |
|  | |  | | | |  | |  | | |
| Address: |  | | | | | | | | | |
|  |  | | | | |  | |  | | |
| City: |  | | | State: |  | | Zip Code: | |  |
|  | |  | | | |  | |  | | |
| Attending: |  | | | | | | | | | |
|  | |  | | | |  | |  | | |
| **CERTIFICATE OF EMPLOYEE** | | | | | | | | | | |
|  | |  | | | |  | |  | | |
| Employee Name: | |  | | | | | | | | |
|  | |  | | | |  | |  | | |
| Address: |  | | | | | | | | | |
|  |  | | | | |  | |  | | |
| City: |  | | | State: |  | | Zip Code: | |  |
|  | |  | | | |  | |  | | |

**Bargaining Unit** **Type of Waiver Semester**

Congress  Employee  Fall

AFT  Spouse  Spring

NP-3  Dependent Child  Other

NP-5

P-5

NP-2

Unclassified Management

Classified Management

**This is to certify that the information submitted on this application is complete and accurate. If the waiver application is for a spouse or dependent child, I hereby attest that the above named student is my spouse or dependent child and, if the latter, that I claimed such child as a dependent on my last tax return. The Board reserves the right to require submission of tax returns to substantiate claimed spousal or dependent child status. False reporting may be cause for disciplinary action.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee

**CERTIFICATE OF EMPLOYER**

This is to certify that the above named employee is employed by the Board of Trustees of Community-Technical Colleges/**HOUSATONIC COMMUNITY-COLLEGE**, and is eligible to receive a waiver of tuition and fees, as requested in this application, pursuant to Board policy and/or pursuant to an applicable collective bargaining agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Title Date