



SARANAC LAKE . MALONE . TICONDEROGA

MEMORANDUM

DATE: August 12, 2015
TO: Management Confidential Retirees
FROM: Sherry Hawn, VP for Administration/CFO
RE: Tuition Waivers

A handwritten signature in blue ink, appearing to read "Sherry Hawn", is written over the "FROM:" line of the memorandum.

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Hello!

This brief communication is to advise you that you may request a **tuition waiver** for your spouse, domestic partner, dependent, or child, for classes during the upcoming **spring 2016 semester**. Feel free to file your request up through the first day of spring classes on January 25, 2016.

However, effective May 13, 2016, the last day of spring 2016 classes, we are changing our policy and will no longer offer tuition waivers to management confidential retirees or their spouse, domestic partner, dependent or child.

This change is being made for two primary reasons: North Country Community College's long-term fiscal well-being, and a mandate from the New York State Comptroller's office that business operations must align with our collective bargaining agreement.

Attached is the request form for any retiree who plans on utilizing this benefit through the spring of 2016.

Thank you for your understanding of the need for change.

NORTH COUNTRY COMMUNITY COLLEGE EMPLOYEE TUITION WAIVER

Current NCCC contracts allow employee tuition waiver credits. Please refer to specific Collective Bargaining Agreement, if applicable, for eligibility and further details.
YOU ARE REQUIRED TO SHOW PROOF OF RELATIONSHIP TO THE EMPLOYER.

STUDENT CERTIFICATION

Student Name:

Relation to Employee:

Student ID Number:

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Campus: *(Please circle)*

Saranac Lake

Malone

Ticonderoga

Semester/Year:

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of Credits

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EMPLOYEE CERTIFICATION

Employee Name:

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*** If the student receiving the tuition waiver is other than the employee, their spouse, or dependent child (and there are other beneficiaries as defined by the respective collective bargaining agreements), it is likely that the waiver will result in taxable income for the calendar year in which the benefit was received. Please consult your tax advisor as to whether the employee or the benefit recipient will bear this tax burden. **Taxable Benefits/Compensation will be reported per Internal Revenue Service regulations.**

Employee Department:

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Cost Center:

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Employee Supervisor:

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BARGAINING UNIT: *(Please circle)*

Defined Family Members

CSEA

Full time Employees

Spouse & Domestic Partners

Children & Grandchildren

Parents

Grand Parents

Brothers & Sisters

Aunts & Uncles

Nieces & Nephews

NCCCAP

Full time Employees & Retirees

Spouse & Domestic Partners

Children & Grandchildren

MANAGEMENT CONFIDENTIAL

Full time Employees

Dependents

This is to certify that the information submitted on this application is complete and accurate. I hereby attest that the above named student is a defined family member allowable per Collective Bargaining Agreement, if applicable. False reporting may be cause for disciplinary action.

Student Signature:

	Date
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Employee Signature:

	Date
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Supervisor Signature:

	Date
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EMPLOYER CERTIFICATION

This is to certify that the above individual has provided proof of relationship to Human Resources and is eligible to receive an employee tuition waiver pursuant to a collective bargaining agreement, if applicable.

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Signature (Human Resources Department)

Date