## 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:			
Campus: (Please circle)	Saranac Lake	Malone	Ticonderoga
Semester/Year:			# of Credits
EMPLOYEE CERTIFICATION			
Employee Name:			
	are other beneficiaries as defining result in taxable income for the	ned by the respective collective bargain a calendar year in which the benefit was a benefit recipient will bear this tax bur	ee, their spouse, or dependent child (and there ning agreements), it is likely that the waiver will s received. Please consult your tax advisor as den. <b>Taxable Benefits/Compensation will</b>
Employee Department:			
Cost Center:			
Employee Supervisor:			
BARGAINING UNIT: (Please circle) Defined Family Members	CSEA Full time Employees Spouse & Domestic Partners Children	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
Employee Signature:			Date

## **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.

Signature (Human Resources Department)

Supervisor Signature:

Date

Date