

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.*****

INDIVIDUALS SUBMITTING THIS FORM ARE REQUIRED TO SHOW PROOF OF RELATIONSHIP TO THE EMPLOYEE. COURSE MATERIAL(S) AND FEES NOT INCLUDED AND ARE THE RESPONSIBILITY OF THE STUDENT/EMPLOYEE. CERTIFICATION IS REQUIRED ONCE AN ACADEMIC YEAR.

STUDENT CERTIFICATION

Student Name:	<input type="text"/>		
Relation to Employee:	<input type="text"/>		
Student ID Number:	<input type="text"/>		
Campus: <i>(Please circle)</i>	Saranac Lake	Malone	Ticonderoga
Academic Year:	<input type="text"/>	# of Credits	<input type="text"/>

EMPLOYEE CERTIFICATION

Employee Name:

*** 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:

Cost Center:

Employee Supervisor:

Bargaining Unit / Relationship: <i>(Please circle)</i>	<u>CSEA</u>	<u>NCCCAP</u>	<u>MANAGEMENT CONFIDENTIAL</u>
	Full-time / Part-Time Employee	Full-time Employee	Full-time Employees
	Retiree	Retiree	Spouse / Domestic Partner
	Spouse / Domestic Partner	Spouse / Domestic Partner	Children
	Children & Grandchildren	Children & Grandchildren	

In addition to completing and submitting this form and supporting documents, it is the responsibility of the student to complete and submit all forms as required by the Business Office (i.e., NYS Residency Form, Billing Disclosure & Authorization Form, etc.).

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:	<input type="text"/>	Date
Employee Signature:	<input type="text"/>	Date
Supervisor Signature:	<input type="text"/>	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.

<input type="text"/>	<input type="text"/>
Signature (Human Resources Department)	Date