APPENDIX G

CERTIFICATE OF ELIGIBILITY FOR SYSTEMWIDE TUITION REMISSION

Higher Education Employees

Instructions: Before completing this form, please read carefully the Board of Higher Education's Systemwide Tuition Remission Policy for Higher Education Employees to determine whether you, your spouse or your dependent child are eligible for tuition remission benefits. After completing the form you must have it signed by both your Department Head and the College's Chief Personnel Officer. You must then submit the form with your semester tuition bill to the College or University at which you, your spouse or your dependent child are enrolled.

| Employee's Name | Employee's Number | | |
|---|---|-------------------------------------|--|
| Title and Department | *Collective Bargaining Unit | | |
| Employee's College/University | Department | Building | |
| Name and Relationship of Individual Using Tuition Re | | Duse Dependent Child Summer | |
| | | Fall20 Cont EdSpring20 Intersession | |
| College/University Attending | | Semester | |
| Signature of Employee | | Date | |
| *If none, indicate "non-unit classified" or "non-unit pro The individual named above is an employee of this Col systemwide tuition remission. | | s all eligibility requirements for | |
| Signature of Employee's Department Head | Signature of Chief Personnel Officer (or Designee) | | |
| Date | Date | Date | |
| Note: This certificate is valid for <u>120</u> days after t Certificate must be completed for each semester of stud | e . | | |