



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

TUITION WAIVER REQUEST

EMPLOYEE OR

EARLY/ACTIVE RETIREE

Appendix A

INSTRUCTIONS TO EMPLOYEE: You must complete a separate form for each college that you plan to attend. Please keep a copy for your records. Tuition waiver requests will only be honored through the semester in which the class ends.

TO AVOID ANY DELAY IN YOUR REGISTRATION, PLEASE ATTACH PAYMENT TO THIS FORM FOR ANY FEES THAT YOU OWE IN ADDITION TO THE CREDIT HOUR COST. PLEASE FILL THE FORM OUT COMPLETELY AND ACCURATELY, AND GIVE IT TO THE CASHIER AT THE COLLEGE WHERE YOU ARE REGISTERING.

EMPLOYEE INFORMATION: Staff* Residential Faculty* Early/Active Retiree+

Name _____ Empl ID# _____ Date _____

Job Title _____ Job Location _____ Daytime Phone _____

Semester _____

College/center offering class: PC GCC GWCC MCC SCC RSCC SMCC CGCC PVCC EMCC MSC SWSC
 Other MCCCDC Location (List): _____

COURSE INFORMATION:

Prefix & No.	Section No.	Days	Times	Cr. Hrs.

EMPLOYEE'S STATEMENT OF CERTIFICATION, UNDERSTANDING, AND AGREEMENT: I certify that I am currently a board-approved employee* or an early/active retiree+ of the Maricopa County Community College District. I understand and agree that the waiver for the above-listed class(es) is for the credit-hour cost **ONLY** (including out-of-county and out-of-state credit-hour costs). Waiver for no other fee is expressed or implied by the acceptance of this request. Credit by examination or evaluation is not eligible for waiver. I understand that acceptance of this request by the College Cashier's Office does not imply that it has been approved. Eligibility will be based on state statute and MCCCDC policies & regulations. If it is determined that I am not eligible for a waiver, I understand that I am responsible for paying the full student cost of any courses that I am enrolled in as of the drop/add period for the course(s). Eligibility may or may not be verified prior to the end of the drop/add period.

*A regular, board-approved employee is an individual who is compensated up to a 1.0 FTE assignment. ONE-YEAR-ONLY AND ONE-SEMESTER-ONLY WORKING LESS THAN FULL-TIME AND TEMPORARY EMPLOYEES ARE NOT ELIGIBLE FOR TUITION WAIVERS.

+An early/active retiree is a current participant in either the Early Retirement Program or the Active Retirement Program of the Maricopa County Community College District. MCCCDC RETIREES NOT CURRENTLY PARTICIPATING IN ONE OF THESE PROGRAMS ARE NOT ELIGIBLE FOR EMPLOYEE TUITION WAIVERS.

Employee Signature _____ Date _____

IF THE CLASS CONFLICTS WITH NORMAL WORKING HOURS OF ACCOUNTABILITY, APPROVAL IS REQUIRED: We understand that one or more of the above-listed classes conflict with this employee's normal working hours of accountability, and we give our approval for the employee to attend the work-conflicting class(es)

Supervisor's Signature _____ President or Designee/
 Vice-Chancellor's Signature _____

IF THE EMPLOYEE IS CURRENTLY ON A LEAVE OF ABSENCE, APPROVAL TO ATTEND/PARTICIPATE IN THE ABOVE LISTED CLASS(ES) NEEDS TO BE APPROVED BY THE MANAGER OF EMPLOYEE RELATIONS OR DESIGNEE: I certify that this employee is a board-approved employee who was eligible prior to the current leave of absence. Further, I certify that the conditions of the employee's leave of absence do not preclude him/her from attending/participating in the above-listed class(es).

Employee Services Department Representative Signature _____

College Personnel/ Fiscal Office Use Only	<input type="checkbox"/> Job = BRS subcode 69060 [Residential Faculty]	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
	OR		
	<input type="checkbox"/> Job = BRS subcode 69061 [Full-time Staff – MAT, PSA, Crafts, M&O, Specially Funded, Skill Center]		
	OR		
	<input type="checkbox"/> Job = BRS subcode 69063 [Early/Active Retiree]		
	OR		
<input type="checkbox"/> Job = BRS subcode 69042[Short term hire Staff]			
OR			
<input type="checkbox"/> Job = BRS subcode 69038 [Short term hire Faculty]			
		Verification completed by _____	Date _____