

Date Rec'd  
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## CERTIFICATION FOR FAMILY TUITION WAIVER (To be completed by employee)

### Check One

- ☐ Classified (.5 or greater FTE)
- ☐ Classified (.2 to .499 FTE)
- ☐ C3 (700 or more hrs)
- ☐ Contracted Faculty
- ☐ PT Credit Faculty (.2 FTE)
- ☐ Management

### For Official Use Only:

E-Clas: \_\_\_\_\_

# Classes: \_\_\_\_\_

Term: \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

L# \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**QUALIFIED DEPENDENTS** A qualified spouse, domestic partner\*, persons for whom the employee is a legal guardian or an IRS dependent. Dependents registering for credit classes need to apply for admissions at [www.lanecc.edu](http://www.lanecc.edu)

\* An affidavit of domestic partnership form is required.

I certify that the following qualified dependent(s) of mine is/are eligible for the "family tuition waiver" for course(s) at Lane Community College.

\*\*SP (spouse) S (son) D (Daughter) DP (Domestic Partner) Other (Specify Relationship)

| Add | Name of Dependent | Relationship<br>**See Above | L #<br>(Required for Processing) |
|-----|-------------------|-----------------------------|----------------------------------|
|     |                   |                             |                                  |
|     |                   |                             |                                  |
|     |                   |                             |                                  |

The following course information is needed for those dependents of classified employees with .2 to .499 FTE, hourly classified employees with 700 or more hours and PT credit faculty with more than .2 FTE.

☐ Current Term: \_\_\_\_\_ Year: \_\_\_\_\_

☐ PT Credit faculty: I am basing eligibility on a prior term(s). 2<sup>nd</sup> ) Term: \_\_\_\_\_ Year \_\_\_\_\_  
3<sup>rd</sup> ) Term: \_\_\_\_\_ Year \_\_\_\_\_

***(Please use additional forms for additional dependents)***

| Name of Dependent | Registration # | Course Title: | # of Credits: | Cost:      |                |               |
|-------------------|----------------|---------------|---------------|------------|----------------|---------------|
|                   |                |               |               | Tuition*** | Class Fees**** | Tech Fees**** |
|                   |                |               |               |            |                |               |
|                   |                |               |               |            |                |               |
|                   |                |               |               |            |                |               |

\*\*\*Tuition is paid at the In-State tuition rate (Please see residency requirements at <http://www.lanecc.edu/cops/resident.htm>)

\*\*\*\*Not paid by tuition waiver

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Human Resources Approval

Employee Eligibility

Verified by Human Resources \_\_\_\_\_ Date: \_\_\_\_\_

### For Official Use Only:

Date: TSAEXPT \_\_\_\_\_ CODE: \_\_\_\_\_ Date: FTW – X-Ref \_\_\_\_\_