

APPENDIX O

Dependents Eligibility Form

PART A: Employee's Information

NAME: _____			Position: _____
Last	First	Middle	
Date of Hire: _____	Office: _____	Campus: _____	

PART B: Dependent's information

Name of dependent(s)	Relationship	Date of Birth	Campus to be enrolled at

Check all applicable boxes below. Applicable documents must be attached to this form:

- Marriage certificate or affidavit
- Birth Certificate
- Legal adoption papers

I certify that the information provided on this form is true. I understand any attempt to defraud the College will be met with appropriate disciplinary action.

EMPLOYEE'S SIGNATURE	DATE
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Part C: Human Resources Use Only

<input type="checkbox"/> Request meets the criteria for reduced tuition <input type="checkbox"/> Request does not meet the criteria for reduced tuition		
Name of HR Representative:	Signature:	Date:

Comments: