APPENDIX H Dependents Eligibility Form

PART A: Employee's Information

Name:	Position:		
Last First	Middle		
Date of Hire:	Office:	Campus:	
PART B: Dependent's information: Complete the section below fully; fill in all spaces provided, check all boxes applicable and provide correct and complete supporting documents by the deadline. Incomplete and insufficient documents will be returned.			
Semester/Year Enrolled: Fall	Spring_	·	Summer
Legal Name of Dependent	Relationship to Employee	Date of Birth	Campus Attending
Check all applicable boxes below and provide the corresponding supporting document(s) Spouse Dependent Supporting Documents: Child Dependent Supporting Documents:			
□ Marriage certificate	□ Birth Certificate		
□ Affidavit of Marriage	□ Court adoption papers (for adopted child)		
	Additionally, if child is older than 22 years of age, provide:		
I certify that the information provided on this for appropriate disciplinary action.	orm is true. I understand any a	ttempt to defraud tl	he College will be met with
EMPLOYEE'S SIGNATURE:	DATE:		
Part C: Human Resources Use Only			
☐ Request meets Board Policy and Adminis ☐ #1 Spouse meets policy requirements (example of 22 Child meets age limit of 22 years old ☐ #3 Child is legally adopted (evidence by ☐ #4 Over age child meets dependent state	videnced by Marriage certificate of and under (evidenced by birth ce court adoption papers & birth ce	or Affidavit of Marria ertificate)	ge)
□ Request does not meet Board Policy and Administrative Procedure No. 6027 requirements.			
Comments:			
Name of HR Representative:			
	Signature:		Date:
Part D: Distribution			
□ Employee □ Human Resources	Office Business (Office	