APPENDIX O Dependents Bigibility Form

PART A: Employee's Information

NAME:			Position:		
Last	First	Middle			
Date of Hire:	Office:		Campus:		
DADT Di Denendentie in	of a resortion				
PART B: Dependent's in Name of dependent(s)	normation	Relationship	Date of Bi	irth Campus to be enrolled at	
rame of depondent(e)		r to can on a mp	2 4.0 6. 2.	ounput to so dimensural	
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					
Part C: Human Resources Use Only					
Request meets the criteria for reduced tuition					
☐Request does not meet the criteria	a for reduced fultion				
Name of HR Representative: Sgnature:		ignature:	Date:		
Comments:					

Copies to a) Employee, b) Human Resources Office, c) Business Office