

## Employee and/or Dependent Tuition Waiver Forms

- Guidelines regarding tuition waivers are included on the second page of the form.
- Copies have also been placed in the mailroom.
- If possible, print the tuition waiver form as a two-sided document.
- No e-mailed or faxed tuition waiver forms will be accepted or processed. **The original signed document is required.**
- Supervisors' signatures are not required for dependent waivers. However, **supervisors are required to sign waivers for employees** who are taking classes.
- Once the waiver has gone through the entire routing process, it will be forwarded to Financial Aid for final processing. Employees who have submitted waivers for colleges other than CVCC will be contacted to pick up their waiver from the President's Office.

If you have a question that has not been covered here, please contact HR at 291-4927.



## EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

Employee's Name \_\_\_\_\_  
(please print)

Employee ID # & Position/Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Dependent's Name \_\_\_\_\_

Dependent's Student ID or SS# \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Employee: (check one)

☐ Self ☐ Spouse ☐ Unmarried Natural or Adopted Child ☐ Unmarried Step-Child ☐ Legal Ward

Does the Dependent live with you? ☐ Yes ☐ No With former Spouse? ☐ Yes ☐ No

(Dependents must reside in the household of the employee or the employee's former spouse. Exception: step-child must reside in the household of the employee)

Institution to Attend \_\_\_\_\_ Term/Year \_\_\_\_\_

Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course # _____	Course Name _____	Credit Hours _____	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit: <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that I am familiar with the provisions of the Employee and/or Dependent Tuition Waiver policy and that the person(s) requesting the tuition waiver benefits qualifies as an eligible employee or dependent in accordance with the policy. (See reverse of form for policy and/or processing steps.)

**INITIAL BY EACH ITEM  
AND SIGN BELOW**

\_\_\_\_\_ All fees (other than portion of tuition waiver), books and supplies are the responsibility of the student  
\_\_\_\_\_ Maximum of one audit per term  
\_\_\_\_\_ Waiver does not apply to repeated courses  
\_\_\_\_\_ Student must abide by the academic limitations and policies of the attending institution (including any course limitations)  
\_\_\_\_\_ Unofficial Transcripts (and current course schedule) must be attached to this form

It is the responsibility of the employee and/or dependent to ensure that all documents and forms (requested by the college where the student is enrolled) are submitted and signed by the appropriate personnel in a timely manner prior to submission. Any packets deemed as incomplete will cause a delay in the processing of the tuition waiver. Please be sure to check with the college in which you are registered for courses to ensure the packet is complete.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor (if required) \_\_\_\_\_

Date \_\_\_\_\_

***This section to be completed by the Human Resources department at the institution of employment.***

Certification: Full Waiver _____ 2/3 Waiver _____ 1/3 Waiver _____ Full-time Employment Date _____	Date of Employee Retirement _____
*Dependents are eligible for waiver for a maximum of 5 years from date of employee retirement.	
Certifier Name: _____ Title: _____	Date: _____
Employee's Institution: _____	

***This section to be completed by the appropriate college official at the institution of attendance.***

Certification: Student's GPA is at least 2.0? Yes _____ No _____
Certifier Name: _____ Title: _____ Dept/Division: _____ Date: _____

***This section to be completed by the President at the institution of attendance.***

Based on the certified information above, I hereby certify that _____ has been approved to receive all benefits granted under the Employee and Dependent Tuition Waiver Program for _____ hours at the institution of _____
President: _____ Date: _____

Notes: \_\_\_\_\_

## GUIDELINES FOR TUITION ASSISTANCE

Please note that these guidelines are subject to change in accordance with Board policies.

### I. GENERAL

This tuition waiver program is designed for all full-time and Salary Schedule H-35 employees of The Alabama Community College System and their dependents as defined under Section II. Courses taught by Athens State University are not subject to this policy. The program will be coordinated by each institution for employees within The Alabama Community College System. An application form for the tuition assistance program is available at each institution and should be completed prior to registration for classes. **CVCC will not accept or process e-mailed or faxed tuition assistance applications from CVCC employees. Paper applications with original signatures are required.** A copy of the completed form must be maintained by the employing institution and the institution offering courses (if different).

### II. DEFINITIONS

**Employee:** Any full-time or Salary Schedule H-35 employee of any System institution. This program will not include temporary or part-time employees (other than Salary Schedule H-35 employees), or persons serving as independent contractors to any of the System institutions or to the Alabama Board of Trustees.

**Dependent:** The spouse of any full-time employee, the unmarried, natural or adopted children of any full-time employee, residing in the household of the employee or the employee's former spouse; the unmarried stepchildren of any full-time employee, residing in the household of the employee; a legal ward (a minor child placed by the court under the care of a guardian).

### HR

Hire date: \_\_\_\_\_

Full time: Yes No

Sal Sched: \_\_\_\_\_

Verified by \_\_\_\_\_  
on \_\_\_\_\_.

### HR

Spouse: Yes No

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Verified by \_\_\_\_\_ on \_\_\_\_\_  
using: \_\_\_\_\_

Driver's Lic. \_\_\_\_\_

20 \_\_\_\_\_ Tax Ret \_\_\_\_\_

Health Insurance \_\_\_\_\_

FA

### FA

GPA: \_\_\_\_\_

Eligible for TA:

Yes No

Repeated course:

Yes No

Verified by \_\_\_\_\_

on \_\_\_\_\_.

Comments:

\_\_\_\_\_

\_\_\_\_\_

### III. ELIGIBILITY

#### A. Requirements/Documentation

**Employees:** Employees must have been employed by a System institution for one full academic year or at least 12 months, whichever is less restrictive, prior to the first scheduled day of class for the term for which the employee is applying. Employee eligibility will remain in effect for the duration of their employment in The Alabama Community College System.

**Dependents:** The spouse of any full-time employee; an unmarried child (natural or adopted) who lives in the same household as the employee, or who lives in the same household as the employee's former spouse, or an unmarried stepchild who lives in the same household as the employee, and who is twenty-five years of age or younger and who is (b) listed as a dependent child on the employee's most recent Federal tax return or listed on the employee's current health insurance policy as a dependent child. Documentation that includes 1) a current driver's license of the dependent child and (2) the most recent tax return or employee's current health insurance coverage must be submitted to the Human Resources office to support the employee's claim of a dependent. In some instances, additional documentation, including proof of residence, may be requested to establish the dependent relationship.

#### B. Termination of Eligibility

**Employees:** Eligibility terminates if the employee discontinues full-time employment at the respective institution for any reason except on an approved leave of absence.

**Dependents:** Dependents will be ineligible when said employee becomes ineligible, except that dependents of any employee who has 25 years or more of continuous service in The Alabama Community College System upon retirement from The Alabama Community College System are eligible to participate in the program for a five-year period commencing with the date of the employee's retirement.

### IV. AMOUNT OF ASSISTANCE, LIMITATIONS, CONDITIONS, AND AUDITING

#### A. Tuition Cost

All eligible employees and their dependents will be allowed a waiver of one-third of the normally-charged tuition after the first year (full academic year or 12-month period) of employment; a waiver of two-thirds tuition after the second year of employment; and a waiver of full tuition after the third year of employment (partial tuition adjustments are to be rounded down to the nearest dollar). Salary Schedule H-35 employees will be allowed a waiver calculated at a prorated rate of full-time employment. Expenses for supplies, books, and fees other than tuition will not be waived. Each institution will be allowed to count the credit hours generated by these enrollees.

#### B. Limitation

There is no limitation as to the number of credit hours taken, other than the regular academic limitations that apply at the respective institutions. All students will be required to abide by the academic policies that are in effect at the institution they are attending.

Dependents: Dependents will be eligible when said employee is eligible, and to the same degree to which the employee is eligible, except as herein modified.

#### C. Conditions

To be eligible for tuition waiver, the student-employee or dependent must maintain at least a "C" (2.0 on a 4.0 scale) in the courses for which he/she receives tuition assistance. Failure of the student-employee or dependent to meet this grade requirement will result in the employee or dependent's having to pay tuition for courses taken until his/her average grade is "C" or better. The student-employee or dependent can then again be eligible when his/her cumulative grade point average is brought back up to the "C" requirement.

#### D. Auditing

The student-employee or dependent will be allowed to audit one course (up to five credit hours) per term at no cost. The student-employee or dependent must meet all attendance requirements, class participation, and assignments as required of credit-enrolled students except the final examination is not required. Failure to comply with these requirements will result in the student-employee or dependent becoming ineligible for further participation as an audit student in credit hour-producing courses reported for funding purposes.

#### E. Repeating Class

Tuition costs for courses repeated will be the responsibility of the student-employee or dependent and consideration under the tuition assistance program will be disallowed. In addition, tuition assistance will be disallowed for repeating a class for which the grade of "W" was originally received.

#### F. Work Week

Participation in this program is **in addition** to the employee's full-time work week and should not be considered when computing the employee's time for financial compensation. However, in certain cases the employee's work schedule may be adjusted to permit course attendance. Adjustments to an employee's weekly work schedule must be recommended by the employee's supervisor and/or Dean, and approved by the \_\_\_\_\_ President.