

Flathead Valley Community College

Regular Employee Tuition Waiver

FVCC Board Policy, Chapter VI, Section 170: Tuition Waivers. All employees who are employed in a regular, permanent position at the College are eligible for the tuition waiver benefit. The employee's legal dependent may utilize the tuition waiver benefit. A dependent includes the employee's spouse as defined in the MUS Employee Benefits Plan, and financially dependent children under the age of 24 and as defined by the Internal Revenue Code. A maximum of two waivers may be used during a semester. Non-credit waivers are determined by the Continuing Education department.

EMPLOYEE INFORMATION			
Employee Name		Student ID #	
Employment Type	<input type="checkbox"/> Administrator <input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Professional		
Department			
EMPLOYEE ENROLLMENT REQUEST			
Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer Full		
Course #/Title	Days	Time	Credits
Is the course(s) during your work day? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your supervisor requested you take this course for work purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the course is during the work day and voluntary then a Make-Up Time (MUT) Agreement and supervisor approval is required			MUT Agreement attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Signature / Date			
DEPENDENT ENROLLMENT REQUEST			
Dependent Name		Student ID #	
Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer Full		
Course #/Title	Days	Time	Credits
Is dependent your legal spouse or a financially dependent child as defined by Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proof of dependency for child over age 18 attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent child's age on 1st day of semester			
EMPLOYEE VERIFICATION			
My signature below certifies that the above dependent meets the criterion established above. I understand that inappropriate use of this waiver will require repayment of the benefit and may lead to discipline, up to and including, termination.			
Employee Signature / Date			
Human Resources Approval / Date			
Financial Aid Approval / Date			