** Ozarks Technical Community College**

***Application for Employee Tuition Waiver***

Please read through all instructions prior to completing and submitting this document for processing.

***OTC Employee Information***

Employee Last Name Employee First Name MI

OTC Employee Id# Title Department

***Employee Designation - Check One:***

\_\_\_\_\_\_\_Full-Time Employee Indicate who is using this benefit: \_\_\_\_\_\_\_Myself \_\_\_\_\_\_\_Spouse \_\_\_\_\_\_\_Dependent

\_\_\_\_\_\_\_Adjunct Instructor

\_\_\_\_\_\_\_Regular Part-Time Employee ***“For purposes of this policy, regular part-time employee is defined as being initially employed by the College in a part-time position and enrolled in not greater than one college credit course.” Students are not eligible for tuition waiver.***

***Spouse or Dependent Information***

Will more than one person use my employee benefit during the term? \_\_\_\_\_\_\_No \_\_\_\_\_\_\_Yes – Refer to policy 3.46

***Student Information for this waiver request***

Student’s Last Name Student’s First Name Student Id#

***Check One:***

\_\_\_\_\_\_\_Spouse

\_\_\_\_\_\_\_Dependent - Read instructions and policy 3.46 to determine if the dependent is eligible to receive your benefit. Required documentation must accompany this request.

***Course Information -*** A separate request must be completed for each term*.*

***Check One****: \_\_\_\_\_\_\_*Fall \_\_\_\_\_\_\_Spring \_\_\_\_\_\_\_Summer

**Classes previously paid by employee benefit are not eligible. Refer to policy 3.46**



***Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***By signing, I certify all the information I have provided in this application is current and correct.***

***Employee Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***By signing, I certify all the above information to be current and correct.***

***Dean/College Director/Vice Chancellor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Employees who falsify information will be responsible to repay tuition and fees to the college. Falsifying information will also revoke eligibility for all future waivers.***