



EDUCATIONAL GRANT WAIVER & INFORMATION FORM

Employee Name

Employee (Datatel) ID

Hire Date

- I. Are you a FULL-TIME _____ or PART-TIME _____ employee?
- II. Please indicate your employee group. (For reference purposes, the applicable article and section pertaining to the Educational Grant is shown.)
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|--|---|
| _____ Administrative Support (Article IV, Section K) | _____ ProTech (Article 12, Section 6) |
| _____ Exempt Managers & Professionals (See Benefits Summary) | _____ Public Safety Officers (Article 20) |
| _____ Faculty (Article X, Section V) | _____ S&M (Article 19, Section 5) |
| _____ M&O (Article 19, Section E) | |

- III. List your spouse and legal eligible dependents as defined by the United States Internal Revenue Code. **If you are adding your spouse or dependent(s), please provide a birth certificate(s) for children and most recent Federal 1040 Tax Return (1st page, financials blacked out) for spouse. HR is unable to add your dependents until we receive the birth certificate(s) and/or tax return.**

Spouse _____	Date of Birth _____	SSN _____
Dependent _____	Date of Birth _____	SSN _____
Dependent _____	Date of Birth _____	SSN _____
Dependent _____	Date of Birth _____	SSN _____
Dependent _____	Date of Birth _____	SSN _____
Dependent _____	Date of Birth _____	SSN _____

IMPORTANT NOTE: Have you, your spouse, and eligible dependents ever completed an "Application for Admission" with the Admissions Office? If not, you must do so before Human Resources can set you up for tuition waiver eligibility for credit classes. For non-credit classes, you must apply at the Continuing Education Office.

I accept complete and full responsibility for payment of any and all sums due for tuition incurred by me, my spouse, and eligible dependents in the event of failure to meet the requirements as outlined in my union contract concerning enrollment at Mott Community College as it pertains to the Educational Grant.

Employee Signature

Date