MOTT COMMUNITY COLLEGE

EDUCATIONAL GRANT WAIVER & INFORMATION FORM

Employee Name _____ Employee (Datatel) ID _____ Hire Date _____

I. Are you a FULL-TIME _____ or PART-TIME _____ employee? Or, are you a RETIREE _____?

II. Please indicate your employee group. (For reference purposes, the applicable article and section pertaining to the Educational Grant is shown.)

- ____ Administrative Support *(Article 16, Section A1)*
- ____ Exempt Managers & Professionals *(See Benefits Summary)*
- ____ Faculty *(Article X, Section Z)*
- ____ M&O *(Article 17, Section 6)*
- ____ ProTech *(Article 14, Section 2)*
- ____ Public Safety Officers *(Article 19)*
- ____ S&M *(Article 19, Section 5)*
- ____ Workforce Development **Employee Only** *(See Benefits Summary)*

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.***

ADD THE FOLLOWING DEPENDENTS:

Spouse _____ Date of Birth _____ SSN _____

Dependent _____ Date of Birth _____ SSN _____

Dependent _____ Date of Birth _____ SSN _____

Dependent _____ Date of Birth _____ SSN _____

REMOVE THE FOLLOWING DEPENDENTS:

Spouse _____ Date of Birth _____ SSN _____

Dependent _____ Date of Birth _____ SSN _____

Dependent _____ Date of Birth _____ SSN _____

Dependent _____ Date of Birth _____ SSN _____

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 or benefits summary concerning enrollment at Mott Community College as it pertains to the Educational Grant.

_____ _____

Employee Signature **Date**