

<b>Name:</b>	<b>Social Security Number</b>	<b>Employee ID Number</b>	<b>Location:</b>
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## TUITION WAIVER ELIGIBILITY FORM

**Benefit Eligible Employees: Please list the dependent information requested below.**

<i>Relationship</i>	<i>Action</i>	<i>Name</i>	<i>Birth Date (M/D/Y)</i>	<i>Social Security Number</i>
<i>Spouse</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			
<i>Child</i>	<i>Add/Delete</i>			

***Please circle appropriate action.***

Note: If this qualifies as a Change of Family Status, additional forms must be completed. Please contact the Compensation Dept. for additional information. "Dependent Child: An unmarried child (less than 24 years old) of MCCCDC employee who is able to be claimed as an exemption for state and federal tax purposes." Online version of the tuition waiver handbook available at:

<http://www.dist.maricopa.edu/legal/dp/index.htm>

Signature \_\_\_\_\_ Date \_\_\_\_\_ Input by \_\_\_\_\_ Date \_\_\_\_\_