

**SAGINAW VALLEY STATE UNIVERSITY  
REQUEST FOR TUITION WAIVER BENEFIT**

(Please Print All Answers)

EMPLOYEE NAME:		
(Last)	(First)	(Middle)
Employee ID Number:	_____	Date of Hire: _____
Department:	_____	Office Telephone: _____
Employment Status & Waiver percentage:	_____ Administrative Professionals	75%
	_____ Support Staff	75%
	_____ Faculty	75%
	_____ Aramark	75%
	_____ Retiree	75%
	_____ Spouse	50%
	_____ Dependents	50%
	_____ Same-Sex Domestic Partner	50%

Name	Date of Birth	Relationship
Spouse _____	/ /	_____
Domestic Partner _____	/ /	_____
Dependent _____	/ /	_____
Dependent _____	/ /	_____
Dependent _____	/ /	_____
Dependent _____	/ /	_____
Dependent _____	/ /	_____

I hereby certify that I have read and understood this form and that the information I have provided is true to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>HUMAN RESOURCE AUTHORIZATION</b>	
APPROVED BY: _____	Date: _____
<b>HR STAFF MEMBER</b>	

White – Financial Aid    Yellow – Payroll  
Pink – HR    Goldenrod - Employee