

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	50%
	_____ 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: _____

ECS AUTHORIZATION	
APPROVED BY: _____	Date: _____
ECS STAFF MEMBER	

White – Financial Aid **Yellow** – Payroll
Pink – ECS **Goldenrod** – Employee