

Name:	Social Security Number	Employee ID Number	Location:
--------------	-------------------------------	---------------------------	------------------



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</i> (MM/DD/YYYY)	<i>Social Security Number</i>
<i>Spouse</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			
<i>Child</i>	Add <input type="checkbox"/> Delete <input type="checkbox"/>			

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 MCCCCD 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 _____