



Tuition Waiver Benefit Form

Submit form no later than 7 days prior to the Posted Tuition Due Date. Tuition waiver form must be completed for each semester you are requesting tuition benefits. Dependent documentation is required if not already on file. Submit form to the HR/Benefits Office (2nd floor, Administration Building on DeVos Campus) or via email mherrerabelmares@grcc.edu.

EMPLOYEE INFORMATION	Name: _____ Employee ID: _____ Employee Group: _____ Employee Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time Are you on a leave of absences? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you married to another GRCC employee? (if yes complete information below) Name: _____ Employee ID: _____ Employee Group: _____				
STUDENT INFO	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child Name: _____ Student ID: _____ Date of Birth: _____				
FACULTY GROUP- DEPENDENT CHILDREN (AGE 24 AND OLDER)	<p>If the student referenced above is your dependent child, you may be eligible to receive tuition waiver benefits tax-free. The questions below will help us determine if your child age 24 or older qualifies as your dependent. You may skip this section if your child is under age 24.</p> <p>By marking Yes and signing below, I attest that the following statements are true and I agree to notify GRCC's Human Resources Department if any answers change during the year:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes The student is my son, daughter, stepson, stepdaughter, foster child (legally recognized), or adopted child (legally recognized).</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes The student had gross income for the year of less than a certain dollar threshold (the amount may be adjusted each year for inflation). Please contact GRCC's Human Resources Department for the current dollar threshold.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes The student receives over one half of his or her support from me.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes The student is unmarried or does not file a joint tax return with his or her spouse.</p> <p>Note: If you answer any of these questions "No" or if you do not complete this section for your children age 24 and older, you will be taxed on the value of the tuition waiver (i.e., GRCC will impute taxable compensation to you equal to the amount of the tuition waiver).</p>				
COURSE INFORMATION (Answer all questions)	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Semester:</td> <td style="text-align: center;">Fall _____</td> <td style="text-align: center;">Winter _____</td> <td style="text-align: center;">Summer _____</td> </tr> </table> <p>Is this tuition waiver request for Dual Enrollment Tuition? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete information below) Tuition waiver amount requested \$ _____</p> <p>Is this tuition waiver request for Differential Tuition? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete information below) Tier I: <input type="checkbox"/> Culinary Arts Program <input type="checkbox"/> Dental Program Tier II: <input type="checkbox"/> Nursing Program Program Code: _____ Course Title: _____ Begin Date _____ Tuition Amount: \$ _____</p> <p>Are courses for non-credited training certification? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete information below) Tuition waiver benefits can be used for GRCC non-credited courses, if course leads towards National Certification. Tuition waiver benefit is subject to the maximum dollar amount that has been equated to 12 contact hours.</p> <p>Program Code: _____ Course Title: _____ Begin Date _____ Tuition Amount: \$ _____</p>	Semester:	Fall _____	Winter _____	Summer _____
Semester:	Fall _____	Winter _____	Summer _____		
Employee Signature: _____ Date: _____					
HUMAN RESOURCES USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied HR Signature: _____ Date: _____					
NOTES: 					