The following form can be filled out **Online,** printed for signatures, then mailed or faxed.

To fill out forms in Acrobat Reader:

- Select the “hand” tool.
- Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the “Highlight Fields” option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.

Community Colleges of Spokane

CCS Employee TUITION WAIVER

Reset form

Student identification number ☐☐☐ ☐☐ ☐☐☐☐

The student (employee) identification number is used for retrieval of all records in the student management system database.

Employee's full name_____

I am employed 50 percent or more at CCS as: ❒ Administrator ❒ Full-time Faculty ❒ Permanent Classified ❒ Professional/Confidential Exempt ❒ Adjunct Faculty

Campus: ❒ SCC ❒ SFCC ❒ IEL Year_____ Quarter: ❒ Fall ❒ Winter ❒ Spring ❒ Summer

Registration must be made in person at the college admission/registration office after 9:00 a.m. from the third day of the quarter through the end of business the fifth day of the quarter (based on the college academic calendar). Student registration is required by the end of the fifth business day of the quarter.

PLEASE NOTE: Completion of the class section below does not replace the registration form, nor does it automatically register you in the class(es) when received in the campus registration office. Registration is required by the end of the fifth day of the quarter.

List class(es) below:

COLLEGE	ITEM NUMBER	DEPT/DIVISION and COURSE ID	COURSE TITLE	CREDITS	DAYS	TIME

❒ Class does not interfere with assigned work schedule

❒ Request release time (Release time must be job related and approved as part of a formal remediation plan.)

❒ Request reassigned time

Justification (for release time or reassigned time):_____

_____

_____

Plan for covering work station during employee's absence:_____

_____

_____

Approved—Immediate supervisor (nonfaculty only)_____ Date_____

Approved—Administrator (nonfaculty only)_____ Date_____

Employee's signature_____ Date_____

Employee eligibility verification/Human Resources Office_____ Date_____

Class eligibility verification/Registration Office_____ Date_____

CCS Administrative Procedure 5.05.05-C CCS Employee Tuition Waiver

Original—Registration