



CCS Employee TUITION WAIVER

Student identification number _____

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

Employee's Last name _____

First name _____

MI _____

I am employed 50 percent or more at CCS as:

Administrator

Full-time Faculty

Permanent Classified

Professional/Confidential Exempt

Adjunct Faculty

Campus: SCC SFCC

Year _____

Fall

Winter

Spring

Summer

Registration must be made in person at the college admission/registration office after 9:00 am on the first 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 [CCS 5.05.05-C](#) CCS Employee Tuition Waiver