



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 DIST 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