

Please print clearly and complete all information requested.

Employee Information						
Employee Name						
Home Address						
Department	ment Title					
Date of Hire:	FTE:		☐ Faculty	☐ Administrator	☐ Staff	
Extension He	ome Telephone (	)				
Student Information						
Student Name						
Home Address					_	
Relationship to employee:					_	
Date of Birth					_	
				σ		
Student will be enrolled in: Academic Year: Fall Spring  Procedures and Policy for Tuition Remission Benefit						
Employee must submit the following items to insure processing (only if benefit is for a dependent and not the employee):  application for tuition remission supply proof of the dependent's age (i.e. driver's license, birth certificate, when first applying) supply official verification that the child is a dependent (copy of most recent tax return, provided once a year)  I have reviewed and understand the Tuition Remission Policy as stated in the Hampshire College Policy Manual, and have discussed any questions regarding this policy with Human Resources.						
Submitted by:				Date:		
Employee's Sign						
Human Resources Certi	fication					
Semester #	of age	of depen	dent status			
General Ledger <u>90-033001-62</u>	461 FTE:					
Certified by		Da	te:			
Business Office Certific	ation					
Fall Semester Total Tuition Ren	nission Allowed \$		@ .	FTE		
Spring Semester Total Tuition Remission Allowed \$ @ FTE						
Certified by: Date:					-	