



Tallahassee Community College

Employee Tuition Benefit Form

Please complete the following sections that applies to you, obtain your supervisor's signature, and submit to Human Resources for verification. Subsequently, Human Resources will submit the completed form to the Financial Aid Office for processing.

To be eligible, employees in established positions may register for courses offered by TCC without payment of resident per credit hour fees for a specified maximum credit or equivalent hours per semester (pro-rated per FTE). This does not include additional fees such as lab fees or other special fees. Employees also must have completed six (6) months of satisfactory, continuous, and creditable service at the College.

Employees must have the prior approval of the immediate supervisor on this form provided by the Human Resources Department BEFORE registering for any courses.

Full-time benefitted employees may register for up to **six (6) credit hours per semester**. Less than full-time benefitted employees may register for up to **three (3) credit hours per semester (this does not apply to spouses and/or dependents)**. Spouse and/or dependents of full-time employees in established positions may enroll for a maximum of **six (6) credit hours per semester**.

All employees, spouses, and dependents who utilize this benefit shall meet the admission requirements of TCC.

Employee Information:

Employee Name: _____ Employee PID: _____
Phone (Campus): _____ - _____ Email: _____

(Please refer to Tallahassee Community College District Board of Trustees Policy Number 04-15: TCC Classes for College Employees for questions regarding eligibility.)

Student Information:

Student Name: _____ TCC Student ID: _____
Last 4 of Social Security Number: _____ Date of Birth (dependent only): _____

(Admittance into TCC is mandatory before being able to submit benefit form.)

Recipient: Employee Spouse Dependent Child

(Please refer to Tallahassee Community College District Board of Trustees Policy Number 04-16: TCC Classes for Spouses and/or Dependents of College Employees for questions regarding eligibility.)

Semester/Term: _____ (may only submit form for the next available semester.)

Affidavit for Spouse/Dependent Eligibility

I, _____, solemnly swear or affirm that _____ is an eligible spouse/dependent based on TCC Policy 04-16, which states the term **spouse** is defined as one who is legally married to the employee and resides in the same household. The term **dependent** is defined as an unmarried child including an employee's adopted child, stepchild, or a child under legal guardianship. An unmarried child must depend primarily on the full-time employee for support and maintenance and must live with the employee in a regular parent-child relationship. Children may be eligible until age twenty-four (24).

Employee's Signature _____ Date _____

Spouse/Dependent Signature _____ Date _____

Supervisor's Signature of Approval _____ Date _____

Human Resources Verification: Current Employee Full-Time Part Time

Verifier's Name/Signature _____ Date _____