## NORTH COUNTRY COMMUNITY COLLEGE EMPLOYEE TUITION WAIVER

\*\*\*Current NCCC contracts allow employee tuition waiver credits. Please refer to specific Collective Bargaining Agreement, if applicable, for eligibility and further details.\*\*\*

YOU ARE REQUIRED TO SHOW PROOF OF RELATIONSHIP TO THE EMPLOYEE.

COURSE MATERIAL(S) AND FEES NOT INCLUDED AND ARE THE RESPONSIBILITY OF THE STUDENT/EMPLOYEE.

CERTIFICATION IS REQUIRED ONCE AN ACADEMIC YEAR.

## **STUDENT CERTIFICATION**

Student Name:			
Relation to Employee:			
Student ID Number:			
Campus: (Please circle)	Saranac Lake	Malone	Ticonderoga
Academic Year:			# of Credits
	EMPLOYE	E CERTIFICATION	
Employee Name:			
	*** If the student receiving the tuition waiver is other than the employee, their spouse, or dependent child (and there are other beneficiaries as defined by the respective collective bargaining agreements), it is likely that the waiver will result in taxable income for the calendar year in which the benefit was received. Please consult your tax advisor as to whether the employee or the benefit recipient will bear this tax burden. <b>Taxable Benefits/Compensation will be reported per Internal Revenue Service regulations.</b>		
Employee Department:			
Cost Center:			
Employee Supervisor:			
Bargaining Unit / Relationship:	CSEA	NCCCAP	MANAGEMENT CONFIDENTIAL
Please circle)	Full-time / Part-Time Employee Retiree Spouse / Domestic Partner Children & Grandchildren	Full-time Employee Retiree Spouse / Domestic Partner Children & Grandchildren	Full-time Employees Spouse / Domestic Partner Children
This is to certify that the information submitted on this application is complete and accurate. I hereby attest that the above named student is a defined family member allowable per Collective Bargaining Agreement, if applicable. False reporting may be cause for disciplinary action.  Student Signature:			
nember allowable per Collective Barga			iplinary action.
nember allowable per Collective Barga			iplinary action.
nember allowable per Collective Barga Student Signature:			Date
nember allowable per Collective Barga Student Signature: Employee Signature: Gupervisor Signature:	aining Agreement, if applicable. For	alse reporting may be cause for disc	Date  Date  Date
nember allowable per Collective Barga Student Signature: Employee Signature: Gupervisor Signature:	EMPLOYE  ual has provided proof of relation	alse reporting may be cause for disc	Date  Date