NWACC
NORTHWEST ARKANSAS
COMMUNITY COLLEGE

SIDE A
Full and Part-Time Employee Tuition Waiver

5-1-17

READ AND SIGN THIS FIRST

All full and part-time employees, their spouses, and their dependent children (as defined by the IRS Code) are eligible for semester tuition waivers for credit classes only if the employee meets the following criteria:

- Is employed by NorthWest Arkansas Community College on the final day of regular (general) registration for a NorthWest Arkansas Community College semester, and in a budgeted position that has a current Memorandum of Employment on file in the Human Resources Office.
- Remains employed in a budgeted position that is scheduled to continue through the last day of classes for the *requested* semester.
- Completes the college Tuition Waiver Application and submits to the Office of Human Resources for employment verification and submission to Cashier's Office for processing.
- The employee, spouse, or dependent taking class/classes must meet the requirements for admission into the class/classes.
- **New** full-time employees will only be granted one three hour waiver per semester until they have successfully completed their six month probationary period.
- Employee must be in good standing to exercise this benefit.

NorthWest Arkansas Community College Employee Tuition Waiver Eligibility:

Full-time Employees & Faculty: Full-time employees, their spouses, and dependent children may earn tuition waiver for up to twelve (12) credit hours per family per semester for each term including fall, spring, and summer. New full–time employees will be granted one (3) hour class until the completion of the six month probationary period.

Part-time Employees & Faculty: Part-time employees, their spouses, and dependent children may earn tuition waiver for up to three (3) credit hours per family for the fall, spring and summer semester.

NOTE:
If an employee has received the tuition waiver, but fails to meet the eligibility criteria, (example: active memorandum) the employee shall forfeit the tuition waiver for the semester enrolled by the employee, spouse, or dependent child(ren), and the employee will be responsible for payment of tuition and fees in full.

- **This form must be completed and submitted EACH semester of enrollment.**
- **Completed Waiver Applications must be turned in to the Office of Human Resources prior to the payment due date(s) published in the Class Schedule.**
- **This Waiver Covers Tuition Only –** Student service fees, class fees, books, and supplies are the responsibility of the student.
- Hours may be divided between family members**.** Please fill out separate waivers for each family member and indicate the number of hours to be awarded to each family member. Total hours not to exceed the entitled amount for the employee.
- Employees who wish to take a class during working hours must have prior written approval from their immediate supervisor.

As an employee of NWACC, I have reviewed the Employee Tuition Waiver Eligibility Policy (5-1-17). I understand that if at any time during the semester I do not meet the eligibility criteria above, I shall forfeit the tuition waiver for that semester; taken by myself, my spouse, or my dependent children, and I will be responsible for payment of all tuition and fees.

_____ _____
Employee Signature Date

Please turn over to complete side B

Revised/Adopted: 4/27/2009

SIDE B

Please read and sign other side before completing this form. Incomplete forms will not be processed.

NWACC Employee Name: _____ Employee ID: _____

Employee Status: ☐ Full Time ☐ Part Time

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Student Name: _____ Student ID _____

Student Address: _____ City _____ State _____ Zip _____

Relationship to NWACC Employee: ☐ Employee ☐ Spouse ☐ Dependent Child

If Dependent Child, are they enrolled in Step Ahead? ☐ Yes ☐ No

Semester/Year Enrolled: _____ Total # Credit Hours Enrolled: _____

Employees requesting to take a class during working hours must obtain permission in writing from their supervisor.

**********STOP**********

FOR OFFICE USE ONLY:

SEMESTER _____ REGISTRATION POSTED TSAAREV ☐ RESIDENCY CODE VERIFIED _____

EMPLOYEE HIRE DATE _____ LAST DAY WORKED _____

Residency: ☐ In District ☐ Out of District ☐ Out of State ☐ International

EXEMPTION CODE CLASS: **(HIGHLIGHT OR CIRCLE APPLICABLE CODE ENTERED ON TSAEXPT)**

01	FT EMP – INDISTRICT T001	(PAY AT 100% OF $ 792.00)
02	PT EMP – INDISTRICT T001	(PAY AT 100% OF $ 198.00)
03	FT EMP DEP – INDISTRICT T001	(PAY AT 100% OF $792.00)
04	PT EMP DEP – INDISTRICT T001	(PAY AT 100% OF $ 198.00)
05	FT EMP – OUT OF DISTRICT T002	(PAY AT 100% OF $1236.00)
06	PT EMP – OUT OF DISTRICT T002	(PAY AT 100% OF $ 309.00)
07	FT EMP DEP – OUT OF DISTRICT T002	(PAY AT 100% OF 1236.00)
08	PT EMP DEP – OUT OF DISTRICT T002	(PAY AT 100% OF $ 309.00)
09	FT EMP – OUT OF STATE T003	(PAY AT 100% OF $1740.00)
10	PT EMP – OUT OF STATE T003	(PAY AT 100% OF $435.00)
11	FT EMP DEP – OUT OF STATE T003	(PAY AT 100% OF $1740.00)
12	PT EMP DEP – OUT OF STATE T003	(PAY AT 100% OF $435.00)

(OTHER /CANCELLATION OF WAIVER _____

_____ _____

Human Resources Approval Signature Date Waiver Posted

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Date Copy of Waiver Sent to Cashier's Office

Comments: