EDMONDS COMMUNITY COLLEGE

WA State Employee Tuition Waiver

Student Name _____ _____ ____
Last **First** **Middle Initial**

Student ID Number __ __ __ - __ __ - __ __ __ __ **Birthdate** __ __ - __ __ - __ __ __ __ **(MM-DD-YYYY)**

➔ Directions for the student:

1. **Eligibility**
   To determine waiver eligibility, consult RCW 28B.15.588. Take this waiver form to your HR department to verify employment and eligibility. This form must be signed no more than 30 days before the quarter starts.

2. **Registration**
   You may register on or after the first day of the quarter on a space-available basis*. This waiver form must be completed each quarter and accompanied by a Registration form with instructor's permission (either the instructor's signature next to the class or an attached email). Completed forms may be submitted to the Enrollment Services office, 1st floor LYN hall.

   If instructor's permission is obtained before the first day of the quarter, it'll be rejected and new permission must be obtained. ***Please note: if you enroll or waitlist before the first day of the quarter, you can't use the tuition waiver. (Strictly enforced)***

3. **Fees**
   If eligible, tuition cost is $25 per quarter, plus all regular fees. Note that Community Education and other self-support courses are not eligible as they charge a fee instead of tuition, and therefore offer no discount.

➔ Directions for the student's HR office: (Only authorized HR staff may fill in information below this line)

Please verify the above student's employment status (as outlined in RCW 28B.15.558):

Employed: ☐ Full-time ☐ Half-time (20+ hrs/wk) ☐ Less than half-time (*not eligible*)

____(a) Permanent employee in classified service under chapter 41.06 RCW.
____(b) Permanent employee governed by chapter 41.56 RCW pursuant to the exercise of the option under *RCW 41.56.201.
____(c) Permanent classified employee or exempt paraprofessional employee of a technical college.
____(d) Faculty, counselor, librarian, or exempt professional or administrative employee at an institution of higher education as defined in RCW 28B.10.016.
____(e) Teacher or other certificated instructional staff employed at public common or vocational school, holding or seeking a valid endorsement and assignment in a state-identified shortage area. Clarify shortage area: _____
____(f) Classified staff employed at a K-12 public school when used for coursework relevant to the work assignment.
____(g) Other (*not eligible*)

I confirm under penalty of perjury that the above is accurate.

Print your name: _____ Your office/dept.: _____

Signature: _____ Agency name: _____

Date signed: _____ Address: _____

Your title: _____ City/State/Zip: _____

Email: _____ Phone: _____