

# Washington State Employee Tuition Fee Waiver Request Form

This form is due no less than 15 business days prior to the first day of the term. (dates listed online)

Employing Agency \_\_\_\_\_ Dates of Service with Agency \_\_\_\_\_

Title \_\_\_\_\_

NET ID (required) \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Last Name, First Name, MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I have read the policies and procedures governing this waiver and hereby request a tuition exemption as an eligible state employee of Washington.

Pen to Paper **Student Signature** \_\_\_\_\_ Date \_\_\_\_\_

Check if you are you employed by  WSP–Crime Laboratory Division–Spokane or  Eastern Regional Branch/Digital Archives.

**This section to be completed by your Human Resources Representative:**

I certify this person is a permanent employee of the state of Washington and eligible to enroll under the State Tuition Exemption Program.

Agency \_\_\_\_\_ Name of HRS Representative \_\_\_\_\_

Agency Address \_\_\_\_\_ Position \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

HRS Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by an EWU Human Resources Representative.**

Eligibility : Confirmed  Denied  \_\_\_\_\_ Date \_\_\_\_\_ Initialed by \_\_\_\_\_

