**Section I: TO BE FILLED OUT BY ELIGIBLE STATE EMPLOYEE (Only one name per form.)**

**To**: Registrar:

(Name of State Community College, State College, or University of Massachusetts Campus)

**Subject**: Certificate of Eligibility for Tuition Remission for (check one)

State Agency Employee  Spouse of State Agency Employee

The state employee or his/her spouse named below is eligible for tuition remission for

(Academic semester and year)

**Section II A: TO BE FILLED OUT BY ELIGIBLE STATE EMPLOYEE**

Employee Name:       Social Security #:  -  -

Work Phone: (  )  -  Employee ID#:

Agency:  Today’s Date: Month  Day  Year

Agency Address:   Management Level: M -

City:  Zip:   Collective Bargaining Unit:

(If none, indicate “no unit”)

**Employee/Spouse Home Address**:

City:       State:  Zip:

**Section II B: TO BE FILLED OUT IF USED FOR ELIGIBLE STATE EMPLOYEE’S SPOUSE**

Spouse’s Name:  Social Security #:  -  -

**IMPORTANT!! Employee Signature Required:**

**I certify that the above information in Sections I, IIA and IIB are true:**

**Section III: VOLUNTARY INFORMATION (For eligible employee)**

**Gender**:  Male  Female **Disability**:  Yes  No **Veteran**:  Yes  No

**Race**:  Black  Asian/Pacific Islander  Hispanic  Native American White Other

**Section IV: TO BE FILLED OUT BY THE HUMAN RESOURCES DIRECTOR/DESIGNEE**

Basis for Eligibility:

1. Employed full time:  Yes  No 2. Agency Code#:  Position #:

3. Entry date to State Service: Month  Day    Year

4. Date completed 6 months full-time or equivalent service: Month  Day  Year

5. Proof of Marriage: (Describe Proof)

6. H.R. Director/Designee Signature: Phone: (  )  -

**Section V: TO BE FILLED OUT BY AGENCY AUTHORIZED SIGNATORY AUTHORITY**

Certified Eligible By:

Agency Head/Designee Title: Phone: ( ) -

Agency Head/Designee Signature: Date: Month Day Year

**CERTIFICATE VALID FOR 120 DAYS FROM DATE OF ISSUE BY SIGNATORY AUTHORITY**

**DO NOT SEND TO THE HUMAN RESOURCES DIVISION**