

STATE EMPLOYEE SPACE-AVAILABLE TUITION WAIVER PROGRAM

Name of Employee: _____ SID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Agency/Employer: _____

Job title: _____

To be completed by employee's personnel office:

I verify that _____
(name of employee)

Is employed with _____
(state agency)

And holds the position of _____
(state title and position range)

This individual is half-time or more, permanent, classified state employee, or K-12 Certified Staff employee who holds or seeks a valid endorsement and assignment in a state identified shortage area:

Name of Personnel Officer: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Work Phone: _____ Secondary Phone: _____

Signature of Employee

Date

Signature of Personnel Officer

Date