

**\*\*Submit this form to Human Resources at least 15 days prior to the 1<sup>st</sup> day of requested semester/session.\*\***



**EMPLOYEE REQUEST FOR TUITION REDUCTION**

Check one:  Full-time Employee/ Retiree     Eligible Spouse     Eligible Child/Dependent

Check one:  Delgado Tuition Reduction     Other LCTCS Institution Reduction:  
(name of LCTCS Institution)

Check one:

- The person requested has previously received a *Delgado* Tuition Reduction.
- The person requested has not previously received a *Delgado* Tuition Reduction.
- The person requested has previously received *another LCTCS Institution* Tuition Reduction.
- The person requested has not previously received *another LCTCS Institution* Tuition Reduction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employee/Retiree	Campus/Division	Employee ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Eligible Child/Dependent	Date of Birth	Student ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Eligible Spouse	Date of Birth	Student ID#

Tuition Reduction is requested for  (Semester/Year).

***Verification of Employee's Eligibility:***

The above person is a currently employed, full-time (100%) employee of Delgado Community College in a full-time, permanent position, an eligible retiree, or an eligible deceased employee's child/dependent/spouse, as applicable.

\_\_\_\_\_  
Signature of Assistant Vice Chancellor for Human Resources

\_\_\_\_\_  
Date

*(Continued)*

**Check and Complete One:**

**Employee Eligibility:**

I am a currently employed, full-time (100%) employee of Delgado Community College in a full-time, permanent position. I am requesting a Full-Time Employee Tuition Reduction.

**Child's Eligibility:**

I attest to the fact that my child \_\_\_\_\_ is under the age of 26 as of the 1<sup>st</sup> day of the requested semester/session, and that I am able to provide verification documentation upon request (copy of birth certificate, Federal Student Aid Application, *or* other applicable document).\*

**Dependent's Eligibility:**

I attest to the fact that \_\_\_\_\_ is under the age of 26 as of the 1<sup>st</sup> day of the requested semester/session, is an eligible dependent for federal tax purposes for the calendar year in which reduced tuition is requested, and will be shown on my tax return for the calendar year in which this tuition reduction is requested. I certify that I am able to provide verification documentation upon request.\*\*

**Spouse's Eligibility:**

I attest to the fact that \_\_\_\_\_ qualifies as my legally married spouse for federal tax purposes. I certify that I am able to provide verification documentation upon request.\*\*\*

**Retiree's Eligibility:**

I am a retired employee of Delgado Community College eligible for the tuition reduction upon my retirement from Delgado. I am requesting a Retiree Tuition Reduction.

**Deceased Employee's Child/Dependent/Spouse Eligibility:**

I attest to the fact that I \_\_\_\_\_ qualify as an eligible \_\_\_\_\_ (child\*, dependent\*\*, or spouse\*\*\*) of an eligible deceased employee. I certify that I am able to provide verification documentation upon request in accordance with the requirements listed above.

\_\_\_\_\_  
Signature of Employee/Retiree

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Dependent/Child of Deceased Employee (if applicable)

\_\_\_\_\_  
Date

If applicable:

*An eligible spouse/child/dependent of a Delgado employee/retiree electing to attend an LCTCS institution other than Delgado requires the joint approval of Delgado's Chancellor (or designee) and the chancellor (or designee) of the host institution and are subject to the host institution policies.*

\_\_\_\_\_  
Signature of LCTCS Host Institution Chancellor

\_\_\_\_\_  
LCTCS Host Institution

\_\_\_\_\_  
Date

Additional remarks, if necessary: