Shoreline COMMUNITY COLLEGE

Employees Tuition Fee Waiver Registration Form

_____
Qtr/Year

_____
Student No.

_____
Work Phone (ext)

_____
Last Name First Initial

_____
Address

_____ _____
City Zip Code Home Phone

I am interested in taking the following class(es) and understand the opportunity to attend is on a "space-available basis", and that the cost is $20.00 per quarter plus any applicable fees for no more than 6 credits. The determination as to whether space is available will be made on the morning of the 6th day of classes (4th day Summer Quarter). I understand I may attend the class session until that time. If the instructor determines there is space available, I must register and pay the fees. Community Service and self-support classes are not eligible for fee waiver.

Item #	Course and Number	Section	Credits	Room	Time	Day	Instructor's Signature

☐ This class time does not overlap my work schedule.
☐ This class time overlaps my regular work schedule. I wish to arrange to attend this course as follows:
O I would like to modify my work schedule to make up class time or unpaid release time. Please specify:

_____
_____

O I wish to request paid release time to attend this course.
Please describe how this course is related to your current job or preparation for higher classification, and how attendance in this course benefits Shoreline Community College:

_____

☐ Recommend for approval.
☐ Do not recommend for approval.

Supervisor_____ Date_____

TO BE COMPLETED BY HUMAN RESOURCES OFFICE

I certify that _____ is a half-time or more employee as defined in chapters 28B.16 and 41.06 RCW.

_____ _____
Signature of Personnel Officer Date

TO BE COMPLETED BY REGISTRATION OFFICE

Date of registration_____ Signature of Registration Staff_____

☐ Change student type to **2**

Copy 1 file/Copy 2 to HR/Copy 3 to supervisor

Form SHC 18-14 (Revised 10-99)

EMPLOYEE TYPE:
Administrative/ Exempt
Classified
Full-Time Faculty
Part-Time Faculty
Specify % of F.T.