SEATTLE COMMUNITY COLLEGES

North Seattle-Seattle Central-South Seattle-Seattle Vocational Institute

EMPLOYEE SPACE-AVAILABLE TUITION WAIVER PROGRAM

Certification of Employment Form

To Be Completed by Eligible State Employees Working at Least 50%
Employee Name: **Student ID Number:**
Address City State Zip:
Name of State Agency, College or University:
Job Title Business Phone:
TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR PERSONNEL OFFICE **I verify that _____** **Employee Name** **is an eligible state employee employed halftime or more with_____** **Agency Name** **and holds the position of_____** **Title** **If the student is a K-12 employee, I verify that the employee is a teacher or other certificated instructional staff holding or seeking a valid endorsement and assignment in the state-identified** **shortage area of _____.**
Name of Supervisor or Personnel Officer:
Address City State Zip:
Phone (Area Code):
Signature of Supervisor or Personnel Officer: **Date :**
Signature of Employee: **Date:**