

SEATTLE CENTRAL COLLEGE

EMPLOYEE SPACE-AVAILABLE TUITION WAIVER PROGRAM

Certification of Employment Form

To Be Completed by Permanent State Employees* Employed at Least Half Time	
Employee Name:	Student ID Number:
Address City State Zip:	
Name of State Agency, College or University:	
Job Title/ Business Phone:	
<p style="text-align: center;">TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR PERSONNEL OFFICE</p> <p style="text-align: center;">I verify that _____</p> <p style="text-align: center;">is an eligible state employee employed halftime or more working at:</p> <p style="text-align: center;">_____ and holds the position of _____.</p> <p style="margin-top: 20px;">* • Permanent employees in classified service under RCW 41.06 (State Civil Service Law). • Permanent employees governed by RCW 41.56 (Public Employees Collective Bargaining). • Permanent classified employees and exempt paraprofessional employees of technical colleges. • Faculty, counselors, librarians and exempt professional/administrative employees at institutions of higher education. • Teachers and other certificated instructional staff at public common and vocational schools. • Classified staff employed at public common schools, when the employee is taking courses relevant to their work assignment or coursework that is part of a teacher preparation program.</p>	
Name of Supervisor or Personnel Officer:	
Address City State Zip:	
Phone (Area Code):	
Please sign and date in ink	
Signature of Supervisor or Personnel Officer:	Date:
Signature of Employee:	Date:

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