COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
TUITION REMISSION CERTIFICATE

Section I: TO BE FILLED OUT BY ELIGIBLE STATE EMPLOYEE (Only one name per form.)

To: Registrar: _____
(Name of State Community College, State College, or University of Massachusetts Campus)

Subject: Certificate of Eligibility for Tuition Remission for (check one)
☐ State Agency Employee ☐ Spouse of State Agency Employee

The state employee or his/her spouse named below is eligible for tuition remission for _____
(Academic semester and year)

Section II A: TO BE FILLED OUT BY ELIGIBLE STATE EMPLOYEE

Employee Name: _____ Social Security #: ___-___-_____

Work Phone: (___)_____-_____ Employee ID#: _____

Agency: _____ Today's Date: Month ___Day ___Year _____

Agency Address: _____ ☐ Management Level: M - _____

City: _____ Zip: _____ ☐ Collective Bargaining Unit: _____
(If none, indicate "no unit")

Employee/Spouse Home Address:
_____ City: _____State: ____ Zip:_____

Section II B: TO BE FILLED OUT IF USED FOR ELIGIBLE STATE EMPLOYEE'S SPOUSE

Spouse's Name: _____Social Security #: ___-___-_____

IMPORTANT!! Employee Signature Required:

I certify that the above information in Sections I, IIA and IIB are true: _____

Section III: VOLUNTARY INFORMATION (For eligible employee)

Gender: ☐ Male ☐ Female **Disability**: ☐ Yes ☐ No **Veteran**: ☐ Yes ☐ No
Race: ☐ Black ☐ Asian/Pacific Islander ☐ Hispanic ☐ Native American ☐ White Other _____

Section IV: TO BE FILLED OUT BY THE HUMAN RESOURCES DIRECTOR/DESIGNEE
Basis for Eligibility:
1. Employed full time: ☐ Yes ☐ No 2. Agency Code#: _____ Position #: _____
3. Entry date to State Service: Month Day Year _____
4. Date completed 6 months full-time or equivalent service: Month Day Year _____
5. Proof of Marriage: (Describe Proof) _____
6. H.R. Director/Designee Signature: _____ Phone: (___) ___-_____

Section V: TO BE FILLED OUT BY AGENCY AUTHORIZED SIGNATORY AUTHORITY

Certified Eligible By: _____

Agency Head/Designee Title: _____ Phone: (___) ___-_____

Agency Head/Designee Signature: _____ Date: Month ___Day ___Year _____

CERTIFICATE VALID FOR 120 DAYS FROM DATE OF ISSUE BY SIGNATORY AUTHORITY
DO NOT SEND TO THE HUMAN RESOURCES DIVISION

Revised June 2006