DEPENDENT CERTIFICATION FORM

SBE Policy 612.02: Tuition Assistance defines a dependent as follows: the spouse of any full-time employee, the unmarried, natural or adopted children of any full-time employee, residing in the household of the employee or the employee’s former spouse, the unmarried stepchildren of any full-time employee, residing in the household of the employee; a legal ward (a minor child placed by the court under the care of a guardian).

CERTIFICATION:

I, ____________________________ (WCCS employee) certify that I have read and understand the definition of a dependent as it relates to SBE Policy 612.02.

I also certify that ____________________________ (dependent) meets the criteria stated above and is eligible to receive benefits under this policy.

______________________________
Printed Name of Employee

______________________________
Date Signed

This form is to be attached Employee and/or Dependent Tuition Waiver Form