



# STATE EMPLOYEE SPACE-AVAILABLE TUITION WAIVER PROGRAM

Name of Employee: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Agency/Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

To be completed by employee's personnel office:

I verify that \_\_\_\_\_  
*(name of employee)*

Is employed with \_\_\_\_\_  
*(state agency)*

And holds the position of \_\_\_\_\_  
*(state title and position range)*

This individual is half-time or more, permanent, classified state employee, or K-12 Certified Staff employee who holds or seeks a valid endorsement and assignment in a state identified shortage area:

Name of Personnel Officer: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Personnel Officer*

\_\_\_\_\_  
*Date*