## EMPLOYEE INCIDENTIAL FEE WAIVER FORM

Date of Application			
Semester/Year	Date of	Full-Time Service	
Employee's Name	Datatel Ide	Datatel Identification Number	
Department/Job Title		Account Number	
Spouse/Depende	nt Child Information*		
Name:	Social Security Number:		
Institution Where Enrolled:			
Name of Course/Section	Hour/Day of Class Meeting	Credit Hours	
	Total Number of Hours		
Check One: Graduate	Undergraduate		
Tuition Reduction Request (Linco			
Tuition Reduction Not Applicable Student/Employee Has/Has Not M	e (Information Only)		
Student Employee Thus, Thus I vot I	Registra	ar Date	
Indicate below arrangements which have been made the working week (Be specific if additional hours w			
I certify that	A dependent child will need to have		
	Employee's Signature	<del></del>	
APPROVED:			
Immediate Supervisor	Financial Aid		
Area Head	Personnel Office		
Administrative Area Vice President	President		