



**INSTRUCTIONS:**

- 1) A certification form must be completed by Tech Park employees requesting the educational benefit for themselves or eligible spouses/dependents. The form must be completed and submitted prior to the specified deadline for each semester and will not apply to multiple semesters per academic year.
- 2) Complete sections I, II, and III.
- 3) Section IV must be completed and signed by your department head/supervisor.
- 4) Sections V and VI must be completed by the Tech Park Business Office. Upon completion of Sections I-IV, return the form along with the required verification letter to the Tech Park Business Office by the specified deadline. Tuition credits cannot be applied to student accounts retroactively.

**NOTICE:**

Your signature on this document acknowledges that you have read and understand the Tech Park Education Benefit Policy and that the information contained herein is accurate. Failure to report qualifying eligibility information accurately via this form may result in reversal and/or required reimbursement of the tuition benefit. The responsible individual is also required to report any changes that affect eligibility, such as reduction of hours, divorce, marriage of a dependent child, or when a dependent child reaches age 25. Spouses and dependents who have applied for financial aid (including student loans) must disclose educational benefits as a resource. Failure to include this in your financial aid application could result in required repayment of Federal Financial Aid grants or loans.

<b>THIS CERTIFICATION IS FOR (check all that apply):</b>	Child/ren defined as son, daughter, stepson, stepdaughter, legally-adopted son or daughter, or foster child	<input type="checkbox"/> Spouse	<input type="checkbox"/> Self
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**I. TECH PARK EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	UNIVERSITY J#	ACADEMIC SEMESTER APPLYING FOR	
TITLE	EMPLOYER (MUST BE A TECH PARK TENANT)		OFFICE PHONE NUMBER	ALTERNATE PHONE NUMBER	E-MAIL ADDRESS
<b>EMPLOYMENT STATUS</b>	<input type="checkbox"/> Regular full-time	<input type="checkbox"/> Part-time	HIRE DATE (MM/DD/YYYY)	DEPARTMENT HEAD/SUPERVISOR NAME	

**II. STUDENT INFORMATION**

SELF	LAST NAME	FIRST NAME	MI	DOB	J#	
SPOUSE	LAST NAME	FIRST NAME	MI	DOB	J#	
CHILD	LAST NAME	FIRST NAME	MI	DOB	J#	Dependent for federal income tax purposes? Yes No
CHILD	LAST NAME	FIRST NAME	MI	DOB	J#	Dependent for federal income tax purposes? Yes No
CHILD	LAST NAME	FIRST NAME	MI	DOB	J#	Dependent for federal income tax purposes? Yes No

**III. CERTIFICATION AND SIGNATURE OF TECH PARK EMPLOYEE**

By my signature, I acknowledge that I have read and understand the Tech Park Education Benefit Policy and that the information contained herein is accurate.	Date
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**IV. SIGNATURE OF DEPARTMENT HEAD OR SUPERVISOR (to be completed by department head or supervisor, if applicable)**

By my signature, I acknowledge that the Employment Status information above is accurate.	Date
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**V. PAYROLL ACCOUNT DISTRIBUTION INFORMATION (to be completed by Tech Park Business Office)**

FUND	ORGN	ACCT	PROG

<b>Human Resources Use Only</b>
Date Received: _____
FTE: _____
Approved by: _____
Date Approved: _____

**VI. SIGNATURE OF TECHNOLOGY & RESEARCH PARK DIRECTOR**

Signature of USA Tech Park Director	Date
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