



Tuition Waiver Proof of Dependency Affidavit

EMPLOYEE INFORMATION:

Employee's Last Name: Employee's First Name:
EMPLID: Extension: Email:

DEPENDENT INFORMATION:

Dependent's Last Name: Dependent's First Name:
Dependent's Student ID: Date of Birth:

CERTIFICATION:

I certify that I have read the attached "Tuition Waiver Proof of Dependency Affidavit Instructions" and that the above referenced Dependent will qualify as a tax dependent for purposes of IRC Section 117(d) during the entire tax year ending December 31, , which is the tax year in which the dependent will utilize the undergraduate tuition waivers.

If for any reason the above referenced Dependent does not qualify as a tax dependent for purposes of IRC Section 117(d) as indicated, I will notify the HR Benefits Department as soon as possible, but no later than 15 days after filing my tax return, and I understand that the value of the tuition waivers will be considered taxable income.

SIGNATURES:

Employee Signature _____ Date: _____