



Policy 2.6.05 Dependent Fee Remission DEPENDENT FEE REMISSION APPLICATION

The College will not assume any charges for remission of fees unless an application has been properly executed and approved. The complete policy and its guidelines are available at <http://www.cotc.edu/depts/HR%20Policies/2.6.05.pdf>.

Employee(s) Data

Employee's Last Name/First Name/MI		Employee's email		*2nd Employee's Last Name/First Name/MI	
Employee ID#		Hire Date		2nd Employee ID	
Department		Who pays this employee?		Department	
Department		Who pays this employee?		Who pays this employee?	

*Second employee data only required when applying for Ohio State tuition benefit for a dependent of two COTC-paid cost-shared employees.

Dependent Data

Dependent's Full Name		Dependent's Social Security #	Relationship to Employee(s)
Institution of Enrollment: <input type="checkbox"/> COTC <input type="checkbox"/> Ohio State			
Planned Academic Enrollment Year: Summer Term _____ through Spring Term _____ Year Year			
Is the above named dependent a qualified dependent under IRS guidelines?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does COTC employ this dependent in any capacity other than as a student employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the above named dependent receiving financial aid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If, yes, what kind?			

Authorization

I have read and understand the conditions of the Dependent Fee Remission Policy 2.6.05, certify that the above information is accurate, and authorize COTC to verify the above information.

Employee Signature	Date
Other signatures:	
Supervisor	Date
Senior Administrator (person reporting to the president, or the president)	Date

Human Resources use only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason: _____	
Proof of Dependency: <input type="checkbox"/> No <input type="checkbox"/> Yes Provided: _____	
Office of Human Resources Signature: _____	Date: _____
Office Financial Aid use only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason: _____	
Office of Financial Aid Signature: _____	Date: _____
Original: <input type="checkbox"/> Personnel File Cc: <input type="checkbox"/> Employee <input type="checkbox"/> Fees & Deposits <input type="checkbox"/> Financial Aid	