

COMMONWEALTH OF MASSACHUSETTS  
HUMAN RESOURCES DIVISION  
TUITION REMISSION CERTIFICATE

**Section I: TO BE FILLED OUT BY ELIGIBLE STATE EMPLOYEE (Only one name per form.)**

To: Registrar: \_\_\_\_\_  
(Name of State Community College, State College, or University of Massachusetts Campus)

Subject: Certificate of Eligibility for Tuition Remission for (check one)  
 State Agency Employee       Spouse of State Agency Employee

The state employee or his/her spouse named below is eligible for tuition remission for \_\_\_\_\_  
(Academic semester and year)

**Section II A: TO BE FILLED OUT BY ELIGIBLE STATE EMPLOYEE**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Agency: \_\_\_\_\_ Today's Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Agency Address: \_\_\_\_\_  Management Level: M - \_\_\_\_\_

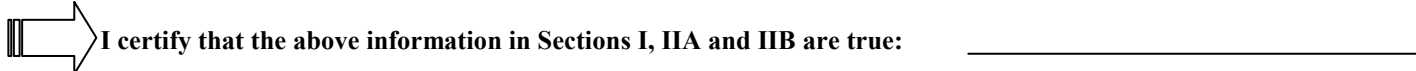
City: \_\_\_\_\_ Zip: \_\_\_\_\_  Collective Bargaining Unit: \_\_\_\_\_  
(If none, indicate "no unit")

Employee/Spouse Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Section II B: TO BE FILLED OUT IF USED FOR ELIGIBLE STATE EMPLOYEE'S SPOUSE**

Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**IMPORTANT!! Employee Signature Required:**

 I certify that the above information in Sections I, IIA and IIB are true: \_\_\_\_\_

**Section III: VOLUNTARY INFORMATION (For eligible employee)**

Gender:  Male  Female      Disability:  Yes  No      Veteran:  Yes  No  
Race:  Black  Asian/Pacific Islander  Hispanic  Native American  White Other \_\_\_\_\_

**Section IV: TO BE FILLED OUT BY THE HUMAN RESOURCES DIRECTOR/DESIGNEE**

Basis for Eligibility:  
1. Employed full time:  Yes  No      2. Agency Code#: \_\_\_\_\_ Position #: \_\_\_\_\_  
3. Entry date to State Service: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
4. Date completed 6 months full-time or equivalent service: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
5. Proof of Marriage: (Describe Proof) \_\_\_\_\_  
6. H.R. Director/Designee Signature: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

**Section V: TO BE FILLED OUT BY AGENCY AUTHORIZED SIGNATORY AUTHORITY**

Certified Eligible By: \_\_\_\_\_  
Agency Head/Designee Title: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Agency Head/Designee Signature: \_\_\_\_\_ Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**CERTIFICATE VALID FOR 120 DAYS FROM DATE OF ISSUE BY SIGNATORY AUTHORITY  
DO NOT SEND TO THE HUMAN RESOURCES DIVISION**