

**SEATTLE COMMUNITY COLLEGES**  
 North Seattle-Seattle Central-South Seattle-Seattle Vocational Institute

**EMPLOYEE SPACE-AVAILABLE TUITION WAIVER PROGRAM**

**Certification of Employment Form**

|   |                           |
|---|---------------------------|
| <b>To Be Completed by Eligible State Employees Working at Least 50%</b>   |                           |
| <b>Employee Name:</b>   | <b>Student ID Number:</b> |
| <b>Address City State Zip:</b>  |                           |
| <b>Name of State Agency, College or University:</b>   |                           |
| <b>Job Title/ Business Phone:</b>   |                           |
| <p align="center">TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR PERSONNEL OFFICE</p> <p>I verify that _____ is an<br/> <b>Employee Name</b></p> <p>eligible state employee employed halftime or more with _____<br/> <b>Agency Name</b></p> <p>and holds the position of _____<br/> <b>Title</b></p> <p><b>If the student is a K-12 employee: I verify that the employee is a teacher or other<br/> certificated instructional staff employed at public common and vocational schools,<br/> holding or seeking a valid endorsement and assignment in the state identified<br/> shortage area of: _____.</b></p> <p><b>For a current list of the state identified shortage area click or go to the following link:</b></p> <p align="center"><a href="http://www.sbctc.ctc.edu/college/finance/stateemployeeattachment.pdf">http://www.sbctc.ctc.edu/college/finance/stateemployeeattachment.pdf</a></p> |                           |
| <b>Name of Supervisor or Personnel Officer:</b>   |                           |
| <b>Address City State Zip:</b>  |                           |
| <b>Phone (Area Code):</b>   |                           |
| <b>Signature of Supervisor<br/>or<br/>Personnel Officer:</b>  | <b>Date:</b>              |
| <b>Signature of Employee:</b>   | <b>Date:</b>              |