

**Tuition-Free Benefit for Employees and Immediate Family**

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| --- |
| **Date:** |
| **Employee Name:** |
| **Student Enrolling:** |
| **Relationship to Employee:** |
| **Address of Student:** |
| **Class Registering For:** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an Auburn Career Center employee, I acknowledge that I have read the Administrative Guidelines for Fringe Benefit of Tuition-Free Enrollment in Adult Education classes.

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**Notary Acknowledgement for an Individual:**

State\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me on this date \_\_\_\_\_\_\_\_\_\_

By (name of person)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Seal below:

Approved when completed form is signed by the Director of Adult Workforce Education and the Executive Director of Career and Technical Education.

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Director of Adult Workforce Education Date

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Executive Director of Career & Technical Education Date