

**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>	
TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR PERSONNEL OFFICE	
I verify that _____ <div style="text-align: center;"><b>Employee Name</b></div>	
is an eligible state employee employed halftime or more with _____ <div style="text-align: right;"><b>Agency Name</b></div>	
and holds the position of _____ <div style="text-align: center;"><b>Title</b></div>	
<b>If the student is a K-12 employee, I verify that the employee is a teacher or other certificated instructional staff holding or seeking a valid endorsement and assignment in the state-identified shortage area of _____.</b>	
<b>Name of Supervisor or Personnel Officer:</b>	
<b>Address City State Zip:</b>	
<b>Phone (Area Code):</b>	
<b>Signature of Supervisor or Personnel Officer:</b>	<b>Date :</b>
<b>Signature of Employee:</b>	<b>Date:</b>