

Please return completed form to the Office of Human Resources (UC-0003).
Subject to late fee if completed form is submitted after the due date listed below.

TO BE COMPLETED BY EMPLOYEE: Please print

Request for _____(academic year)

- Fall/Winter Terms – Form must be received in Human Resources by July 31st
- Fall Term Only – Form must be received in Human Resources by July 31st
- Winter Term Only – Form must be received in Human Resources by December 15th
- Spring Term Only – Form must be received in Human Resources by April 15th
- Summer Term Only – Form must be received in Human Resources by June 15th

Employee Surname _____ Given Name(s) _____ Employee ID # _____

Department: _____ Date of Hire: _____

Are you a Contract Lecturer Member: Yes No If so, what Level: _____

SPOUSE / DEPENDENT INFORMATION:

SURNAME _____ GIVEN NAME(S) _____ STUDENT/EMPLOYEE ID # _____ SOCIAL INSURANCE NUMBER* _____

* A Social Insurance Number is required for spouse/dependents in order to issue a T4A tax form as required by the Canada Revenue Agency.

- Spouse (if common-law spouse, must be in a relationship and residing together for the previous 12 months)
- Unmarried child, under the age of 26 years of age who is a student in the Fall/Winter and/or Spring/Summer term and is totally dependent upon me for support.

I have read and understand the Lakehead University *Tuition Waiver – Staff and Faculty* policy located on the 'Policy' website and hereby agree with the terms and conditions under this policy. I verify the information provided above is correct. If the information provided is incorrect, I understand that I will be required to reimburse Lakehead University the full amount of the tuition waiver granted. Please note: the spouse/dependent will receive a T4A in their name for the value of the tuition waiver.

Signature of Employee _____ Date _____

Supervisor Name (please print) _____ Signature _____ Date _____

Departmental Budget Code _____

Chair/Director/Dean Name (please print) _____ Signature _____ Date _____

FOR OFFICE USE ONLY

HUMAN RESOURCES APPROVAL:

Pro-rated consideration due to new hire or Contract Lecturer Member status. Pro-rated Tuition Waiver Entitlement: \$ _____

Human Resources Officer Name (please print) _____ Signature _____ Date _____