FROM: Office of Human Resources

RE: Employee Status Verification for Grant-In-Aid Benefits

Term: __________________________

Employee: __________________________ ID# ______________

Student: __________________________ (if different than employee)

This section to be completed by HR.

Hire Date: _________________ FTE: __________ %

Status: Faculty___ Exempt___ Non-Exempt___ Service___

Tuition Program Manager _________________ Date _________________

*Please submit the form to the attention of Tuition Program Manager in the Office of Human Resources (HB 6042.) The form will then be completed and returned to the appropriate department.