



OLYMPIC COLLEGE

EMPLOYEE TUITION PROGRAM REGISTRATION FORM

Once you have completed the form and obtained your supervisor's signature, please submit to the Cashier as payment for your class; cannot exceed 5 credits per quarter.

EMPLOYEE:

SID: _____ YR/QTR: _____

LAST NAME: _____ FIRST NAME: _____

COURSE INFORMATION:

NAME: _____ ITEM #: _____

DAYS/TIME: _____ CREDITS: _____

SUPERVISOR:

I certify that the course is job related and/or related to the employee's professional development plan and that the above named employee is eligible per the defined classification below:

_____ Administrator _____ Classified Staff _____ Faculty

_____ Part-time Faculty _____ Continuing Part-time Staff

Position title: _____

Supervisor Signature

DATE: _____

ELIGIBILITY:

Administrator, Classified Staff, Faculty – Employees who work 50% of fulltime or more.

Part-time Faculty – Teaching load is at least 33% of full-time.

Continuing Part-time Staff – Hourly employees who average at least ⁷⁵~~80~~ hours per month (must have worked at least 6 months).

CASHIER'S OFFICE:

Please pay tuition charges only using: FAPC 701

Copy Distribution: White: Cashier Yellow: Employee Pink: Human Resources Office