Loyola University Maryland
Dependent Tuition Remission Waiver

Eligible employees who have satisfied one or more consecutive years of full-time employment at an accredited four-year institution of higher education, **immediately preceding** their employment at Loyola, will be eligible for dependent tuition remission coinciding with the beginning of the next academic year.

To determine eligibility, the employee must complete **Section 1** and then forward the Waiver to their previous employer. The previous employer must complete **Section 2.** The completed Waiver must be emailed to the Benefits and Wellness Office at humanresources@loyola.edu or fax to 410-617-5072.

1. EMPLOYEE INFORMATION

Name: _____ Loyola ID Number: _____
(Last) (First)
Campus Address/Department: _____ Office Phone Ext: _____

Loyola Date of Hire: _____ Employment Status (*please check*): ___ Full-Time

* Part-time employment is not eligible for dependent tuition remission benefits. For more information, including the full policy go to www.loyola.edu/department/hr/benefits/tuition

By signing this Dependent Tuition Remission Waiver, the employee certifies that the information provided is accurate. The employee understands they must adhere to all eligibility requirements of the Tuition Remission Program to receive dependent tuition benefits.

Signature of Employee: _____ **Date:** _____

2. PREVIOUS EMPLOYER INFORMATION: The individual listed above is a former employee of your organization. By signing this Waiver, the former employee is authorizing you to verify the following information.

Name of Institution: _____

Date of Hire: _____ Date of Last Day: _____ Years Employed: _____

Employment Type (*please check*): __ Full-Time ___Faculty
__ Part-Time ___ Administrator
___ Staff

Name: _____

Title: _____

Email/Phone: _____

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Date Received: _____ Approved by: _____ Date: _____