



Tuition Benefit Remission Form

Tuition for a Dependent Child

Students Name: _____

Academic Year: _____

Students Current Year in College: 1st 2nd 3rd 4th

Name of College attending: _____

Please attach a copy of the students Tuition bill if they are not attending Earlham.

Parent information:

Earlham Employee/ Parents Name (Print): _____

Hire Date: _____

Employee Status (circle one):

EC Faculty EC Staff ESR Faculty ESR Staff Grant-Funded position Other

Parent/Employee Signature: _____ Date: _____

Human Resources Office Use Only: _____

Budget: 0636

SUB ACCOUNT:

9081	9082	9083	9084	9085
FAC TR	STF TR	FAC EXP	STE EXP	TAXABLE

Approved by: _____ Date: _____