

**LINN-BENTON COMMUNITY COLLEGE
REQUIRED TUITION WAIVER REQUEST**

Contracted Employees:

- Classified
- Faculty
- Management

Non-Contracted Employees:

- Classified
- Faculty
- Management

Name of Employee: _____ ID# _____

Area of Employment (Office) _____ Phone Ext. _____

Term _____ CRN _____ Course _____

The person requesting this tuition waiver is an employee of Linn-Benton Community College. The above class is required for this employee and is directly job-related for this employee. If this waiver is to cover lab/course fees, send a billing request to the Business Office.

Supervisor's Signature _____ Date _____

EXRC Required Tuition Waiver
Contracted Employee

EXRN Required Tuition Waiver
Non-Contracted Employee

Amount _____ Cashier Initials _____ Date _____