

STAFF AID

Employee's Name _____

Soc. Security # _____

Date of Hire _____

Position _____

Department _____

Dependent's Name _____
(If applicable)

Soc. Security # _____

Relationship _____

Dependent's Name _____
(If applicable)

Soc. Security # _____

Relationship _____

Semester/Year Applied for _____

Human Resources Approval

Date

Business Manager's Approval

Date

President's Approval

Date

NOTE: Aid for staff/dependents is contingent upon continued employment. If employment is terminated for any reason, **ONLY** the current Semester will be honored. **Naturally born or legally adopted dependents must attach a copy of the Birth Certificate. Spouses must attach a copy of the Marriage License.**