



Miles College Employee Educational Benefit Form

INSTRUCTIONS:

- 1) An application must be completed each **semester** for employees applying for the benefit.
- 2) Complete sections I, and II for each employee and/or dependents applying for the benefit.
- 3) Return completed application to Human Resources at least **one month** prior to registration.
- 4) Application must be signed by Director of Human Resources, Vice President of Finance & Administration and the President.

Benefits are 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. Employees cannot take classes during business hours.*

THIS APPLICATION IS FOR (Check all that apply): Employee Spouse Child

I. Employee Information

Last Name	First Name	Middle Initial	Employee Number	Academic Year Applying For
Date Of Hire			Title	Department/Division

II. Student Information

Last Name	First Name	Middle Initial	Date of Birth	Student I.D. Number
Last Name	First Name	Middle Initial	Date of Birth	Student I.D. Number
Last Name	First Name	Middle Initial	Date of Birth	Student I.D. Number

III. Certification and Signature of Employee

I certify that the information provided on this form is true and complete (Employee Sign Below)	Date	E-Mail Address
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Director of Human Resources Date _____

Vice-President for Finance & Administration Date _____

President Date _____