## **In-District Worker Form**

Please write legibly and fill out completely.			
Colleague ID or Social Security Number:			
Student/Employee Name:			_
Student Address:			_
			_
Company Name:			-
Company Phone Number:			-
Company Contact Person:			_
Company Address:			
 11		··········	_
Indicat	e Semester of Enrollment (please	select one)	
	20 ng 20		
	amer 20		
Please indicate course name(s) and course II	D number(s) on lines provided. Ex	cample is provided below.	
Course Name	Course	Section	
Human Anatomy & Physiology	BIS-240	004	
The above student is currently an employee of our company. The student is employed at 35 hours (or more) a week.			
Company or Authorized signature: Title:			
Phone:			
Date:			

If you have any questions pertaining to this form or in regards to Triton College's in-district program, please contact the Records Office at (708) 456-0300, Ext. 3726.

## **In-District Worker Form**

The student must complete the Triton College In-District Worker Form and return it to the Records Office B-220.

## Please read the following information carefully. Failure to comply with the following guidelines will prevent you from obtaining approval:

- To ensure proper adjustment(s), the In-District Work Form must be fully completed. If any portion of the form is incomplete, no adjustments will be made to the student's tuition. Students must provide their Colleague ID number and/or social security number as well as the student's name and address. Company representatives must provide the name, contact person, phone number, and address. Please print this information, as we do call and verify. The student is required to select an authorized semester (i.e. Fall, Spring or Summer). Lastly, the course section must indicate the classes registered for within the selected semester.
- You are currently employed and working 35 hours or more a week.
- You must have proof of **CURRENT** employment by means of a valid paycheck stub.
- The In-District Worker Form will be applied for one semester only.
- The student must renew his/her In-District Worker form prior to the start of each semester. If a student registers in a second session course, s/he must submit the form by the end of the first week, Friday, of that second session course.
- The student is fully responsible for the tuition, including any fees associated with attendance, after the adjustment. Adjustments will be made within 48 hours after verification of employment.
- Late forms will not be accepted nor will any adjustments be made on the student's tuition.

## TO THE STUDENT:

- ✓ As the student, I certify that the information on this form is true and correct. If, at a later date, it is determined that the information is not true or correct, Triton College may withdraw my request and request a refund of any payments made.
- ✓ I have read and will follow the guidelines and policies that are given by Triton College.

Date

Student's Signature

Note: This authorization must be provided to the Records Office.

Office Use Only:	
Approved by:	Date:
The student named above has been approved to receive in-district	rates based on the provided documentation.

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