

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

FINANCE AND OPERATIONS

University Cashier

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REQUEST FOR WAIVER OF STUDENT FEES AT UNC-CHAPEL HILL

For full-time, permanent employees of the University of North Carolina system, including the Office of the President and the 16 campuses, UNC Health Care System employees, for the spouses of full-time permanent employees at UNC Chapel Hill or UNC Health Care System and for students on military or civilian orders from the ROTC.

Definition of eligible employees:

Employee shall mean an individual who is either a faculty member or a staff employee, employed by an Employing Institution, who is eligible for participation in either the NC Teachers' and State Employees' Retirement System or the UNC Optional Retirement Program.

STUDENT INFORMATION							
First Name:	Last Name:		PID:			Term:	
Street Address:		Email:					
City:	State: Zip 0		Code:		Phone Number:		
-	IC System RA Employee		UNC-Chapel Hill Employee Spouse		Employee or Employee Spouse of the UNC Health Care System Chapel Hill Location Only		
UNC System Employer:							
FOR EMPLOYEE ONLY: I am a <i>full-time, permanent</i> employee of the University of North Carolina system, including the Office of the President and the 16 campuses or a permanent employee of UNC Health Care. Full-time is defined as working 30 or more hours per week or working at least 75 percent time. A "permanent" employee receives benefits (e.g., annual leave, retirement, etc.). <i>Temporary and student employment are not permanent employment positions.</i>							
Department:	Supervisor's Name:				Supervisor's Phone:		
FOR SPOUSE: I am the spouse of a <i>full-time, permanent</i> employee of The University of North Carolina at Chapel Hill or of UNC Health Care working 30 or more hours per week. A "permanent" employee receives benefits (e.g., annual leave, retirement, etc.). <i>Temporary and student employment are not permanent employment positions.</i>							
Employee's Name:	Employee's PID:					Employee's Phone:	
Employee's Department:	Employee's Su	Employee's Supervisor:			Date of Your Marriage:		
I understand that with the waiving my student fees, I also forfeit the privileges provided by these fees (i.e., Student Health Service, Athletic Pass, Gym Privileges, etc.). I hereby certify that the above information is true.						Approved:	
Signature:			Date	Date:		Initials:	
*Employee must get department certification and HR verification prior to submitting form online. Forms will only be accepted through the Submit Form portal. A confirmation of submission email is sent to you from that portal submission.							
portal submission.	DI	PART	MENT CERTIFICAT	ION			
The above listed employee is a current full-time permanent employee or is a spouse of a full-time permanent employee of The University of North Carolina at Chapel Hill.							
Supervisor's Signature:		-	Title:		Date:		
HUMAN RESOURCES VERIFICATION							
☐ Eligible ☐N	□Not Eligible □		☐ Permanent Full-Time		☐ Part-Time/Temporary		
Verifier's Signature:			Title: Date		te:		