

Waiver of Service Period Form

For Tuition Benefits

Top portion to be completed by EMPLOYEE:

Last Name		First Name		MI	Employee ID (seven digit number on your NU WildCARD)
Date of Hire	Phone	Email			

Signature: _____ Date: _____

Bottom portion to be completed by PREVIOUS EMPLOYER:

Name of Institution				
Are you an accredited college or university? (select yes or no) YES NO				
Does your institution offer tuition benefits? (select yes or no) Employee YES NO Dependent YES NO				
Date above was employed at your institution on a full-time, continuous basis: From _____ To _____				

Name of person completing this form: _____

Title: _____ Phone: _____

Signature: _____ Date: _____

Submit to: askHR at 1800 Sherman (Evanston, IL.), or email to askHR@northwestern.edu.