

**Phoenix Children’s Hospital Employee Tuition Reduction Program
Employment Confirmation Form**

Employee Information

Last Name	First Name	Middle Initial		NAU ID Number
Street	City	State	Zip Code	Cell Phone Number
Enrollment Term (e.g. Fall, Spring or Summer/Year)				

Instructions:

1. If you are a first time participant in the program, complete this form after you are admitted to Northern Arizona University (NAU).
2. Include a copy of your driver’s license when you submit this form.
3. Complete all sections. Any item left blank may delay the process of applying your tuition reduction.
4. Send this completed form to Chelsea Molanick, cmolanick@phoenixchildrens.com, to verify your employment.
5. Chelsea will send this form to (EMEnrollment@nau.edu) to apply your tuition reduction to your NAU student account. In future semesters, you will not need to fill out this form. NAU will send Phoenix Children’s Hospital a report to verify your employment.
6. This form must be completed and verified prior to the tuition and fees payment deadline for the intended semester of enrollment (https://nau.edu/sdas/important_payment_dates/).
7. Submit this document to NAU no earlier than the dates listed below:
 - a. Fall Semester - July 1
 - b. Spring Semester - November 1
 - c. Summer Semester - April 1

Section A: Employment Information

Department/Job Title	Date of Birth	Employee ID

Section B: Employee Certification

By signing below, I certify, to the best of my knowledge, that the information in this document is true and accurate.

Employee Signature:	Date

Section C: Employer Certification Statement:

By signing below, I verify that the person represented on this form is an employee of our organization and is eligible to receive the tuition reduction.

Certifying Official Printed Name	Title
Certifying Official Signature	Date