

**HonorHealth
NAU Tuition Reduction Partnership
Employment Confirmation Form**

Employee Information

Last Name	First Name	Middle Initial		NAU ID Number
Street	City	State	Zip Code	Cell Phone Number
Employer	HonorHealth			

Instructions:

1. Complete this form one time and send it to the HonorHealth Tuition Assistance Team at tuitionassistance@honorhealth.com, to verify your employment. Your employment will be verified and the form will be sent back to you.
2. Upload this completed form and your driver’s license for the first term only, to the Tuition Reduction Form link on the HonorHealth-NAU partnership page. After your first term, you only need to fill out the electronic form on the HonorHealth-NAU partnership page and upload a recent pay stub. We only need to see your name and the current date on your paystub. Feel free to block all other information.
3. This form must be submitted prior to the tuition and fees payment deadline for the intended semester of enrollment (https://nau.edu/sdas/important_payment_dates/).
4. 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

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
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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