

**Pima County Tuition Reduction Program  
Employment Confirmation Form**

**Employee Information**

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

**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 [HR.Records@pima.gov](mailto:HR.Records@pima.gov), to verify your employment.
5. Once you receive the form from Pima County Point of Contact, please submit this form to ([EMEnrollment@nau.edu](mailto: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 Pima County 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/](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**

<b>Department/Job Title</b>	<b>Date of Birth</b>	<b>Employee ID</b>

**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. I authorize Pima County to release my employment status to NAU from time to time, as requested by NAU, unless and until I provide Pima County with a written revocation of such authorization.

<b>Employee Signature:</b>	<b>Date</b>

**Section C: Employer Certification Statement:**

By signing below, I verify that the person represented on this form is an employee of our organization.

<b>Certifying Official Printed Name</b>	<b>Title</b>
<b>Certifying Official Signature</b>	<b>Date</b>