

JOHN JAY COLLEGE OF CRIMINAL JUSTICE The City University of New York Office of Human Resources

524 West 59th Street – BMW Building New York, NY 10019

Tuition Waiver Form Addendum

Name:	Department:	
SS #:	Title:	
I am taking courses duri	ng my scheduled work time. \Box	Yes 🗆 No
If you answered no , sign signature.	and date the form below with you	ur Supervisor's
Employee Name	Signature	Date
Supervisor's Name	Supervisor's Signature	Date
If you answered yes , ch	eck one of the following:	
	en during my lunch hour. I will cl or each class on my time card.	harge 15
	l lunch meal and charge 1 hour and ing my scheduled work period.	nd 15 minutes for
Employee Name	Signature	Date
Supervisor's Name	Supervisor's Signature	Date

