

**TUITION REMISSION  
LUNCH HOUR WAIVER**

CWID \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Year: \_\_\_\_\_

Semester: \_\_\_\_\_

I \_\_\_\_\_ (employee name) request to waive my lunch hour in order to attend class(es) here on the campus of Seton Hall University on the days indicated below. I understand that I may use no more than five (5) hours per week to attend class(es) only. I further agree to resume my job duties immediately upon return from the class.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby approve employee's request to waive the lunch hour in order to attend class(es).

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_

**COMPLETED FORM MUST BE SUBMITTED TO HUMAN RESOURCES TWO WEEKS PRIOR TO THE START OF CLASS.**