

 CSN Policy	Classified Employees' Dependents Grant-in-Aid
Category: Human Resources	Effective Date: 05/23/2019
<p style="text-align: center;">New Policy</p>	

I. POLICY PURPOSE

The purpose of this policy is to provide a grant-in-aid benefit applicable for CSN classes only to dependents of CSN's classified employees, including spouses or registered domestic partners and financially dependent children. Nevada Administrative Code (NAC) 284.490 provides for reimbursement to classified employees for training or education. NSHE Handbook Title 4, Chapter 3, Section 12 provides grant-in-aid for professional staff and dependents.

II. POLICY STATEMENT

Dependents of CSN's classified employees, including spouses or registered domestic partners and financially dependent children are eligible for grant-in-aid applicable for CSN classes only. Eligibility will be determined pursuant to the criteria applied to dependents under NSHE Handbook Title 4, Chapter 3, Section 12. This benefit is limited to six (6) credits per semester, and can only be used for fall and spring semesters.

III. AUTHORITY AND CROSS REFERENCE LINKS

Board of Regents' Handbook, Title 4, Chapter 3, Sections 11 and 12
NAC 284.490

IV. DISCLAIMER

The President has the discretion to suspend or rescind all or any part of this policy or related procedure(s). The President shall notify appropriate CSN personnel, including the Administrative Code Officer and Faculty Senate Chair, of the suspension or rescission.

Questions about this policy should be referred to the CSN Administrative Code Officer (general.counsel@csn.edu, 702.651.7488) and/or the Recommending Authority.

[signatures follow on next page]

V. SIGNATURES

Recommended by:

/s/ John Woodbury
Classified Council Chair

05/22/2019
Date

Reviewed by:

/s/ Darin Dockstader
Faculty Senate Chair

05/22/2019
Date

Reviewed for Legal Sufficiency:

/s/ Richard Hinckley
General Counsel

05/22/2019
Date

Approved by:

/s/ Federico Zaragoza
President

05/23/2019
Date

VI. ATTACHMENTS

- A. History
- B. Request for CSN Grant-in-Aid for Classified Employee Dependents

Attachment A

History

- Version 1
 - 05/23/2019: Approved by CSN President Federico Zaragoza.
 - 04/12/2019: Reviewed for legal sufficiency by CSN General Counsel.
 - 05/10/2019: Reviewed by the Faculty Senate Chair.
 - 05/22/2019: Approved by the Classified Council Chair.
 - 04/12/2019: Draft prepared by CSN General Counsel.

Attachment B

Request for CSN Grant-in-Aid for Classified Employee Dependents
(form on next page)



REQUEST FOR CSN GRANT-IN-AID FOR CLASSIFIED EMPLOYEE DEPENDENTS

- Dependent of Classified Employee* Spouse*
 Domestic Partner* Dependent of Deceased Classified Employee*

Student Name _____ Institution Attending: CSN
 Student ID # _____ Year _____ Semester: Fall / Spring
 Employee Name _____ Employee ID #: _____

Class Title	Course #	# of credits	Retake
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

- * I attest that the above-named dependent student meets the following Board of Regents' definition of "financially dependent child" (Title 4, Chapter 3, Section 11) of a classified staff member or his/her domestic partner who is not financially independent, is claimed as an exemption for federal income tax purposes under the U.S. Internal Revenue Code, and has not attained the age of 24.
- Dependent child of domestic partner
 - Natural, adopted, stepson, or stepdaughter;
 - Prior to the official start date of the semester has **not** attained the age of 24. **Age:** _____ **Date of birth:** _____
 - If over the age of 24, has served on active duty in the United States Armed Forces, date proof is attached; and
 - Receives at least 50% of his or her financial support from me and/or my spouse or domestic partner.

I attest that the above-named student is my spouse or domestic partner

I understand that:

1. The value of this fee waiver for a spouse or domestic partner may represent taxable income to me and, as such, will be included on my Form W-2;
2. No deductions for federal income tax will occur as a result of this fee waiver, but I may make adjustments to federal income tax withholding by completing and submitting a new Form W-4 to the Office of Human Resources;
3. If I am subject to federal withholding and/or Medicare tax, the deduction(s) will be withheld based on the value of this fee waiver (subject to maximum coverage limitations).

CSN Grant In Aid may be awarded for courses being repeated pursuant to the Course Repeat policy found in the CSN Course Catalog, unless otherwise limited by the applicable course description or a limited entry program.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct; that I have read all the qualifications above, as well as the excerpts that are attached to this form; and that I am entitled to request CSN Grant-in-aid for the above shown applicant(s). I understand that false representations in this certification may subject me to civil liability, disciplinary action up to and including termination, and referral to the Nevada Attorney General for criminal investigation. I also understand and agree that CSN may request proof of dependent eligibility at any time.

Employee signature	Date
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HUMAN RESOURCES USE ONLY			
<u>Credits</u>	<u>Employee</u>	<u>Waived</u>	<u>Total</u>
U _____	_____	_____	_____
G _____	_____	_____	_____
Total Waiver Amount: _____		Reviewed & Approved By: _____	Date _____
		Human Resources Representative	