

COLLEGE EARLY PROGRAM BILLING AGREEMENT-PUC EMPLOYEE



One Angwin Avenue
Angwin, CA 94508

Human Resources
(707) 965-6231
(707) 965-6400 FAX

STUDENT NAME

Last First Middle

Date of Birth PUC ID #

EMPLOYEE INFORMATION

Employee Name: _____
Last First Middle PUC ID#
Employee's work department: _____ Hourly Salary

I, _____ have read and understand that unless full payment is received before the start of the quarter deductions will begin during the start of the quarter and end before finals date at the end of the quarter.

Employee signature: _____ Date: _____

SCHOOL INFORMATION

Attending: PUC Prep Other

If you checked "Other", please include the school's name, address, and phone number:

School: _____ Phone Number: _____

Address: _____

ATTENDANCE INFORMATION

Student's year in school: _____ Student's age: _____

Year Attending: _____ Terms Attending: Fall Winter Spring Summer

Student is living: At home In residence hall Away from home / In village

For office use only:

Tuition assistance percentage: _____

Approved by: _____ Date: _____

Starting date of tuition assistance: _____