

KANSAS STATE UNIVERSITY

Office of the Registrar

Employee/Employer Verification for Kansas Resident Tuition For Recruited or Transferred Employees/Foreign Nationals

Kansas Board of Regents: [K.A.R. 88-3-11](#)

TO BE COMPLETED BY EMPLOYEE ONLY

Employee Name: _____	Email: _____
_____	_____
Street and Number or Rural Route (P.O. Box not sufficient)	City, State Zip Code
Relationship to Student: ____ Self ____ Spouse ____ Parent	
I understand that primary permanent residence must be in Kansas and I will file taxes as a Kansas Resident.	
Employee Signature: _____	Date: _____

TO BE COMPLETED BY EMPLOYER ONLY

A. VERIFICATION:

This employee was recruited or transferred at the request of the employer as a FULL-TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on this basis for at least one year from the effective date of employment.	
_____ was recruited/transferred to Kansas from _____	_____
Employee's Name	State
Effective _____ as a _____	_____
Month/Day/Year	Position Title
Company Name: _____	
Company Address in KANSAS:	
_____	_____
Street and Number or Rural Route (P.O. Box not sufficient)	City, State Zip Code

B. FOREIGN NATIONALS ONLY:

Have you initiated labor certification on your behalf by filing the appropriate documents with the U.S. Department of Labor?	_____ Yes _____ No
	If Yes, attach a copy of the filings.

C. REQUIRED SIGNATURES (TWO ARE REQUIRED):

Personnel/Human Resources Director (or equivalent if there is no Personnel/Human Resource section)

Name (printed) Position Title

Work Street Address (P.O. Box not sufficient) City, State Zip Code

Signature: _____ **Date:** _____ **Work Phone:** _____

NOTARIZATION:

Subscribed and sworn to/affirmed before me this _____ day of _____, 20__ at _____

Signature of Notary: _____ **Date:** _____

Owner, Partner, Chief Executive Officer or First Signatory Superior

Name (printed) Position Title

Work Street Address (P.O. Box not sufficient) City, State Zip Code

Signature: _____ **Date:** _____ **Work Phone:** _____

NOTARIZATION:

Subscribed and sworn to/affirmed before me this _____ day of _____, 20__ at _____

Signature of Notary: _____ **Date:** _____