

Cedar Fair Employment Verification

Note: This form must be completed for each semester and may be submitted 8 weeks prior to the beginning of the semester through 5:00 p.m. on the Friday before that semester's Commencement. Late and penalty fees are the student's responsibility.

Section A: Cedar Fair Employee Information (to be completed by Cedar Fair Employee)

Applicant Status: (Check all that apply) FT CF Employee FT CF Spouse Dependent

Cedar Fair Employee ID _____

Cedar Fair Employee Name _____ BGSU ID _____

Cedar Fair Employee Signature _____

Cedar Fair Employee's Spouse/Dependent Name _____ BGSU ID _____

Cedar Fair Employee's Spouse/Dependent Signature _____

Academic Year _____ Semester Fall Spring Summer

Academic Career Graduate** Undergraduate**

****Note:** A 1098T form will be generated at the end of each calendar year.

Emerging Talent Partner, Cedar Fair Name _____

Cedar Fair Review Initial _____

For use by BGSU Office of Human Resources

OHR Approval _____

Date _____

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