



### TUITION WAIVER FORM For Eligible Employees

Complete and return this form to the Human Resources Office. JCU employees must consult the Employee Handbook for eligibility requirements. All incomplete or unsigned forms will be returned to the employee. **NOTE: Waivers not filed by your initial registration date or the first day of the semester, whichever is later, will be subject to a late payment fee.**

#### Employee Information

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reimbursement %  50%  75%  100% Department: \_\_\_\_\_ Ext: \_\_\_\_\_

Title: \_\_\_\_\_  Faculty  Administration  Staff Classification

Home Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you have an Undergraduate Degree?  Yes  No

Date Student Planning to attend school: Spring/Fall /Summer A B 1 2 3 20\_\_\_\_ - 20\_\_\_\_

*If classes are taken during normal business hours, time must be repaid to the University by using personal time. I further certify that no other fees are waived for myself. I also certify that any other program is not paying for the tuition for which I seek a waiver. **Based on current IRS regulations, undergraduate tuition for employees is not taxable. Graduate tuition for employees is tax-free up to \$5,250.00 per year. I understand that the university is required to withhold income taxes on graduate tuition benefits in excess of \$5250.00. I understand that the fees for some classes offered off-campus might not be waived. I agree to amend this form if I change, drop, or add courses or change eligibility status.***

#### Course Information

Dept: \_\_\_\_\_ Course #: \_\_\_\_\_ Section: \_\_\_\_\_ Day/Time: \_\_\_\_\_ AM or PM Lab Fee: \_\_\_\_\_  
\_\_\_\_\_ AM or PM Other Fees: \_\_\_\_\_

#### Replacement Time (complete only if class is during regular work hours.)

Day of week taken: \_\_\_\_\_ Hours replaced: \_\_\_\_\_ Personal time used: \_\_\_\_\_

I agree that all information that appears above is accurate as of \_\_\_\_/\_\_\_\_/\_\_\_\_.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Human Resources Approval

Student Approved  Yes  No

If No, state reason for rejection: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date \_\_\_\_\_