

## Employee Tuition Waiver Program Request Form

#### **Human Resources**

4700 Research Way, Lakeland, FL 33805-8531 863-874-8421

Subject to University regulation FPU-4.002 and University policies, full-time Florida Polytechnic University employees who meet academic requirements may, if approved by their supervisor below, register for up to six (6) college credit hours per semester at Florida Poly, on a space available basis, and the University will waive the tuition and related fees for such hours. Employee is responsible for completing the form, getting the form signed by his/her supervisor and submitting the form to Human Resources for approval prior to registering for the course(s).

Employee's Full Name: \_\_\_\_\_\_ Job Title: \_\_\_\_\_

College/Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employee's Supervisor:		Phone:				
Student ID#:		Employee ID#:				
Request	ting Registration fo	or Term:Year:				
List the alterna	course(s) with cla tes (indicate alter	ass meeting times belonates with an *) in the	ow for which you e event the prefe	u desire approval (maxim erred courses are not ava	num of six credit hours) and include ailable:	
# credit nours	Course Prefix & number	Course Title	Class meeting times	Last Date of Attendance	Signature of Instructor indicating Employee's academ eligibility	
approve t time for w must use superviso addition, courses, e Waiver Pr payment	he times, as well a which I will be paid annual or compens r. Enrollment in th I understand that I except as provided rogram may not co	s the courses in which I for working. I acknowle satory leave or take leavese courses affords me am not permitted to us by the University as parver all of my tuition and	enroll. I acknowle edge that if the clo ve without pay for no student privile te any state space t of the course or I fees and it is my	edge that the time I spend ass meeting times take pla those work hours missed, ges unless I otherwise mee personnel, equipment, or program of instruction. I responsibility to guarante	Indicate that description of the confection of the courses is not the courses is not the courses is not the courses is not the course of the course, I are the criteria for such privileges. In the criteria for such privileges. In the criteria for such privileges. In the criteria for such privileges in conjunction with these understand that the Employee Tuition is all tuition and fees are paid by the 5,250 are taxable under Internal	
Employee's Signature:			Date:			
utilized by	the employee in c	onnection with the cour	rse(s) is not time f		University employee and that the time Il be paid for working. I indicate my cated by signing below.	
Supervisor's Signature:				Date:		
Date form submitted to HR:			HR A	HR Approved/Denied:		



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#### <u>Tax Exemption for Employer Provided Assistance:</u>

The value of any undergraduate tuition and related fees waived by the University on behalf of its employees is not taxable income, pursuant to Internal Revenue Code Section 117.

For **graduate tuition** and **related fees**, up to \$5,250 of graduate tuition and fees may be excluded from an employee's taxable income each calendar year, pursuant to Internal Revenue Code Section 127. If an employee's tuition and related fees waived by the University in a calendar year is greater than \$5,250, the difference will be included on the employee's W-2 as wages at the end of the calendar year.



Form: 1.16.15

# Employee Tuition Waiver Program Assignment of Waiver Credits to Dependent Form

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### Application must be made each semester

year		
versity policies, full-time Florida Polytechnic University employees maition hours per semester or up to three (3) graduate credit hours per requirements and are admitted to the University. The Employee is the form to Human Resources prior to the fee payment deadline for		
Job Title:		
Email Address:		
6) or graduate tuition hours (up to 3) for the semester indicated w.		
da Polytechnic University employee, and am assigning the number of tuition tudent named above. I certify that I am not and will not be enrolled at Florida to provide, upon request, proof of dependency (IRS Form 1040).		
Date:		
HR Approved/Denied:		
_ for final processing.		
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