

Application must be made each semester.

This application is for the _____ semester, fiscal year _____.

EMPLOYEE INFORMATION

Full-time Employee Part-time Employee _____% Department/Program _____

Name _____ Employee ID Number _____
Last First Middle Initial

Are you a University Alliance Student? Yes No

PURPOSE

Check ONE box below (See reverse for explanation):

Requirement for Non-Job-Related Degree Program _____

Requirement for Job-Related Degree Program _____

Employee Professional Development (NO CREDIT)

I have registered for the following courses:

CRN	TITLE AND COURSE NO.	DAYS	\$ RATE/ TIME	CREDITS	REMISSION CREDIT	TAXABLE? \$ TOTAL	This section to be completed by the Office of Financial Aid		This section to be completed by the Office of Human Resources	
							ALLOWED	YES	NO	YES

I have read and understand the Florida Tech Tuition Benefits Policy and agree to abide by the Policy. I agree to pay for all charges not covered by the Policy and understand that the value of the benefit will be taxed and taxes withheld, as necessary, based upon applicable state and federal regulations.

I understand that the ONLY notification that all or part of the tuition remission is taxable to me will be by return of the pink copy of this form. It will be my responsibility to request a tax exemption, by justification memo, if I am of the opinion that such an exemption is justified. I may include a justification memo with the form to expedite the determination. I agree to hold Florida Tech and its employees harmless for decisions made regarding the taxation of this benefit and to fully cooperate should it become necessary to review and/or revise a determination.

Employee Signature _____ Date _____

APPROVALS

Department/Program Head _____ Date _____

Senior Vice Provost _____ Date _____
(ONLY for faculty, flight instructors and postdoctoral)

Human Resources _____ Date _____

Vice President _____ Date _____

(Signature required for more than 4 credits per term/6 credits per semester)

TO BE COMPLETED BY FINANCIAL AID OFFICE

Remission _____%

Entered By _____

Date _____

DISTRIBUTION:

White copy—Human Resources
 Yellow copy—Financial Aid
 Pink copy—Employee

INSTRUCTIONS FOR COMPLETION

This form must be completed for each semester benefits are requested and must indicate the semester and fiscal year for which benefits are being requested. All sections must be completed in full. Incomplete forms will be returned.

Employee Information

Indicate employee status of "Full Time" or "Part Time." If "Part Time," indicate percentage of effort (e.g., 50%, 75%, etc.).

Provide full name, employee ID number and department/program name.

If you are a University Alliance student check "Yes."

Purpose

Check ONE (1) box, based upon the following:

- Non-Job-Related Degree Program—To be checked if pursuing a degree in an academic discipline that is not related to the job. Name of degree program must be provided.
- Job-Related Degree Program—To be checked if pursuing a degree in an academic discipline that is directly related to the job. Name of degree program must be provided.
- Employee Professional Development—To be checked if course(s) taken is/are not in pursuit of a degree, but the course(s) is/are directly related to the job.

Course Information

Provide the following information for each course to be taken in the semester: course reference number (CRN), course title and number, days and time the course meets, number of credits, cost per credit hour and total cost for the course.

Signatures

The employee should sign and date where indicated.

The department/program head should sign and date where indicated, verifying that the course(s) is/are job related or professional development and taking into consideration the days and times of each course to ensure that attendance will not violate Sections 4(G) of the Tuition Benefit Policy, which states:

Course work shall not interfere with an employee's regular duties and must occur at times outside of regular working hours. Lunch periods may not be adjusted for the sole purpose of circumventing this policy. With the permission of the employee's supervisor, a maximum of one (1) three (3)-credit hour course may be taken during working hours, if the course is related to the employee's job assignments or if the course is required for granting a degree that is job related. In the event of a dispute, the Director of Human Resources will decide whether or not the course or degree is job related.

The vice provost for academic affairs should sign and date where indicated ONLY for faculty, flight instructor and postdoctoral employees.

Processing

After the department/program head signs the form, it should be forwarded to the Office of Human Resources where it will be reviewed for eligibility and adherence to the Tuition Benefit Policy.

After approval by the Office of Human Resources, the form will be forwarded to the Office of Financial Aid for final processing.

The white copy of this form will be returned to the Office of Human Resources to be included in the employee's personnel file. The pink copy of this form will be returned to the employee.