

University of Kentucky, Employee Education Program (EEP) Form

Would you like to share your EEP experiences and success with us? If so please visit us online at <http://www.uky.edu/HR/benefits/eep>

COMPLETED FORMS MAY BE SUBMITTED VIA FAX AT (859) 323-8494 or IN PERSON AT SCOVELL HALL. FOR QUESTIONS REGARDING YOUR FORM PLEASE CALL (859) 257-8772.

<u>STUDENT INFORMATION</u>	
Last Name _____	First Name _____
Emp. ID# _____	Position# _____
M.I. _____	SSN _____ - _____ - _____
Org. Unit _____ Faculty / Staff (Please circle one)	
Email Address _____ Contact # (____) _____ - _____ Level of Study: Undergraduate / Graduate (please circle one)	
<i>I certify that I am not applying for a waiver of more than 6 hours per semester (8 hrs if attending U.K.) from this institution or a combination of institutions and that the information provided on this form is true and correct to the best of my knowledge.</i>	
_____	_____
(Employee Signature)	(Date)

<u>SEMESTER</u>	(Please check only one school per form) <u>CLASSES WILL BE TAKEN AT</u>		
Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> University of Kentucky <input type="checkbox"/> Eastern Kentucky University <input type="checkbox"/> Northern Kentucky University <input type="checkbox"/> Kentucky State University <input type="checkbox"/> KCTCS (Please Specify College: Maysville, Jefferson, etc) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> UK Independent Study Program (Funkhouser) <input type="checkbox"/> Western Kentucky University <input type="checkbox"/> Morehead State University <input type="checkbox"/> University of Louisville <input type="checkbox"/> BCTCS </td> </tr> </table> <p style="text-align: center;">Note: Those students attending Murray State must complete and submit a Murray State form</p>	<input type="checkbox"/> University of Kentucky <input type="checkbox"/> Eastern Kentucky University <input type="checkbox"/> Northern Kentucky University <input type="checkbox"/> Kentucky State University <input type="checkbox"/> KCTCS (Please Specify College: Maysville, Jefferson, etc) _____	<input type="checkbox"/> UK Independent Study Program (Funkhouser) <input type="checkbox"/> Western Kentucky University <input type="checkbox"/> Morehead State University <input type="checkbox"/> University of Louisville <input type="checkbox"/> BCTCS
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COURSE SCHEDULE (Graduate level waivers in excess of \$5250 per calendar year are subject to tax)

Please submit an amended form should any changes take place, such as dropping or adding a class. Refer to University Policy 51.1.1.2 if enrolled in more than 6 credit hours – “The maximum number of credit hours for which tuition will be waived shall be no more than eight (8) per semester, not to exceed two classes, with a maximum of eighteen (18) credit hours per academic year.” (The increase of the maximum of 6 hrs per semester applies **only** to UK employees taking classes at UK. It does not apply to any other college or university.)

COURSE NAME	NUMBER/SECTION	DAYS CLASS MEETS	TIME	CREDITS
_____	_____/____	_____	_____	_____
_____	_____/____	_____	_____	_____
_____	_____/____	_____	_____	_____

MISSED WORK SCHEDULE

This section to be completed only if an employee is taking a class during work hours. Per HR Policy 51.1.2, “A regular, full-time employee shall be permitted, with prior administrative approval, to take only one (1) course for credit per semester (or combination of summer sessions) during the employee’s normal working hours”. The approved manner in which scheduled work hours will be made up is as follows: _____

Approving Dept. /Div. Chairman/Supv _____ Date _____ Dean/Director/Div. Head _____ Date _____

For Office Use Only

I certify that the above named individual is a regular, full-time employee at the University Of Kentucky. If you have any questions in regards to eligibility, please contact the EEP & FEP Administrator at (859) 257-8772.

AID ID: _____ AID AMT: \$ _____

_____ (Signature-Employee Benefits Rep.) _____ (Date)