

# University of Kentucky, Employee Education Program (EEP) Form

*Submission options: Preferred - email at [edubenefits@uky.edu](mailto:edubenefits@uky.edu); Alternative - in person at Scovell Hall or via fax at (859) 323-8494  
If you have any questions regarding this form please call (859) 257-8772 or e-mail HR Education Benefits at [edubenefits@uky.edu](mailto:edubenefits@uky.edu)  
For more information, visit us online at: <http://www.uky.edu/hr/benefits/more-great-benefits/employee-family-education-program>*

## 1) Employee Information:

Last Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>	MI: <input style="width: 80%;" type="text"/>	Employee ID: <input style="width: 90%;" type="text"/>
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UK Email: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>	Please select one: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> CKMS <input type="checkbox"/> ESH
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<b>2) Academic Information:</b> Year: <input style="width: 50%;" type="text"/> Term: <input type="checkbox"/> Fall <input type="checkbox"/> Summer I <input type="checkbox"/> Winter <input type="checkbox"/> Summer II <input type="checkbox"/> Spring Student ID: <input style="width: 80%;" type="text"/>	<b>3) Level of Study:</b> <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <b>4) Classes will be taken at (Select only one school per form):</b> <input type="checkbox"/> University of Kentucky <input type="checkbox"/> Morehead State University <input type="checkbox"/> Eastern Kentucky University <input type="checkbox"/> Northern Kentucky University <input type="checkbox"/> University of Louisville <input type="checkbox"/> Kentucky State University <input type="checkbox"/> Western Kentucky University <input type="checkbox"/> BCTC <input type="checkbox"/> KCTCS (Indicate College) <input style="width: 50%;" type="text"/>
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\*Those students attending **Murray State** must complete and submit a [Murray State University CPE Tuition Waiver Enrollment form](#)

## 5) Course Schedule:

**(Graduate level waiver amounts in excess of \$5,250.00 per calendar year are subject to taxation)**

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 (if attending UK), 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	Course #	Section #	Days Course Meets	Course Time	Credit Hours

## 6) Missed Work Schedule:

Do any of your courses occur during your "normal working hours?"  No  Yes

**\*If yes to #6, print the form and acquire both signatures indicated.**  
If your supervisor is also your director, please have them sign both lines.

This section to be completed only if an employee is taking a class during work hours. Per [HR Policy 51.0](#), "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:

## 7) Approving

**Dept. /Div.  
Chairman/Supv:** \_\_\_\_\_

Date: \_\_\_\_\_

**Dean/Director/  
Div. Head:** \_\_\_\_\_

Date: \_\_\_\_\_

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 have read and understand the [University of Kentucky policy pertaining to the Employee Education Program](#) and that graduate level tuition waiver amounts that exceed \$5250.00 for the calendar year are subject to taxation via payroll deduction. Incomplete forms will not be processed. It is the responsibility of the employee to ensure that forms are received in accordance with posted deadlines.

## 8) Employee Signature

**Date** \_\_\_\_\_

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 Administrator at (859) 257-8772.  
For Office Use Only (Do not write below this line.)

Eligible Hours: \_\_\_\_\_ Pers ID: \_\_\_\_\_ Pos#: \_\_\_\_\_ Org Unit#: \_\_\_\_\_

Aid ID: \_\_\_\_\_ Aid Amt: \_\_\_\_\_ Benefits Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_