



Faculty and Staff Tuition Waiver Form

NOTE: Only those who applied to or enrolled at another university and were benefits-eligible UK employees before **April 26, 2018**, are eligible for the tuition waiver

To submit: Preferred – Email to edubenefits@uky.edu. Alternative – Deliver in person to Scovell Hall or fax to 859-323-8494. If you have questions about this form, please call 859-257-8772 or email edubenefits@uky.edu. For more information, visit our website at www.uky.edu/hr/benefits/more-great-benefits/employee-family-education-program.

EMPLOYEE INFORMATION

Last name _____ First name _____ Middle initial _____
Employee ID # _____ Email address _____
Phone _____ Please select one: Faculty Staff CKMS ESH

ACADEMIC INFORMATION

Student ID # _____ Year _____

Academic term (only one per form) Fall Winter Spring Summer I Summer II

Level of study Graduate Undergraduate (Graduate-level waivers in excess of \$5,250 per calendar year are subject to taxation.)

Classes will be taken at (select only one school per form)

- Eastern Kentucky University Kentucky State University Morehead State University
 University of Louisville Western Kentucky University Northern Kentucky University
 KCTCS (Indicate college) _____

*Those attending Murray State University must submit a Murray State University CPE Tuition Waiver enrollment form.

COURSE SCHEDULE

Course name	Course #	Section	Days course meets	Course time	Enrolled	Removed	Credit hours

Should any changes occur, such as adding or dropping a class, please submit an updated form. Per UK HR Policy 51.0: "A regular full-time employee of a postsecondary public institution or a state or locally operated technology center may, with prior administrative approval of the course offering institution, take a maximum of six (6) credit hours per term at any [Kentucky state funded] public postsecondary institution.

Do any of your courses occur during work time? Yes No

If yes, please describe below how work hours will be made up, then acquire both signatures below. If your supervisor is your director, please have them sign both lines. If no, please proceed to employee signature.

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:

Supervisor signature _____ Date _____ Director signature _____ Date _____

I certify I am not applying for a waiver of more than six hours per semester (eight if attending UK) 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 \$5,250 per calendar year are subject to taxation via payroll deduction. Incomplete forms will not be processed. It is the responsibility of the employee to ensure forms are received in accordance with posted deadlines.

Employee signature _____ Date _____

Office use only (do not write in this section)

Eligible hours _____ Person ID _____ Post # _____ Org unit # _____

Aid ID _____ Aid amount _____ Benefits rep signature _____ Date _____