



Florida Atlantic University

STATE EMPLOYEE TUITION FEE WAIVER FORM

TO BE COMPLETED BY THE EMPLOYEE (Please type or print)

Last Name	First Name	MI	Social Security Number
_____	_____	_____	_____
Job Title and Class Code	Department	Agency Location	
_____	_____	_____	
Work Phone Number:	Semester Enrolled: YEAR: _____		
Local _____	☐ Fall ☐ Spring ☐ Summer		
Suncom _____	(Check one) Summer ___A ___B ___C		

Course work to be completed at:

LIST COURSE(S) BELOW FOR WHICH YOU DESIRE APPROVAL (INCLUDE ALTERNATES)

Course Prefix & Number	Class Title	Credit Hours	Class Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification of Eligibility:

By signing below, I certify that the employee's name who is listed above is a full-time employee and eligible to receive up to six credit hours of tuition free courses at a state university. It is understood by the employee that:

- Participation in the program is to be conducted on the employee's own time;
- Required to request leave for any time off in connection with this program;
- The employee's supervisor is not obligated to grant time off or leave so the employee can participate in the program;
- The employee is not attending university courses on work time;
- The value of graduate level tuition-free courses may be taxable under the Internal Revenue Code Section 127.

Tax Exemption for Employer Provided Educational Assistance

Under current provisions of Internal Revenue Code Section 127, graduate courses are tax exempt for the first \$5,250 per calendar year.

Employees are advised that the IRS has final approval authority in these matters.

Supervisor's Certification - The courses indicated above are either:

1. (a) Maintain or improve the employee's job related skills. (b) Meet the express requirements of the employer or are imposed by the employer as a condition of employment.
2. Were taken to qualify the employee for a career change or to meet the minimum educational requirements of the current job.

Employee's Signature _____ Date _____

Supervisor's Name (please print) _____

Supervisor's Signature _____ Title _____ Date _____

Agency Head or designee Name (please print) _____

Agency Head or designee Signature _____ Title _____

Phone Number _____ Date _____

REGISTRAR'S USE ONLY:

☐ Approved ☐ Disapproved

Registrar _____ Date _____

DISTRIBUTION: White - Controller's Office Yellow - Registrar Pink - Employee