

EMPLOYEE APPLICATION FOR TUITION WAIVER

AC AH AP CA CP CS FA FM LE LL PE/PT PS

Employee's Name _____ E-ID# _____

Home Address _____ Date of Hire _____

Employee's Department _____ Phone Number _____

Percentage of Employee Appointment: Full Time (100%) Part Time (less than 100%) Part-time Lecturer (LL)

APPLICATION FOR TUITION WAIVER FOR CALENDAR YEAR: _____ Fall Winter Summer
(A new application is required for each term.)

Name of Class (6 or up to 12 credits allowed only)	Number of Credit Hours	Undergraduate/ Graduate/ Doctoral
Total Number of Credit Hours:		

- Classes held during normal working hours require completion of the enclosed **Working Hours Exception Agreement**.
- **Changes in credit hours requested must be made in writing to the Benefits Office as soon as the change is made.**
- EMU is required to tax any tuition waiver amount exceeding **\$5,250** per calendar year for graduate and doctoral level classes.
- Failure to submit an application for approval before the 100% Drop Deadline will forfeit eligibility for that term.
- It is employee's responsibility to review the guidelines prior to submitting an application for tuition waiver.

PAYROLL AUTHORIZATION - IMPORTANT, READ BEFORE SIGNING:

I hereby agree that tuition waiver benefits are contingent upon my acceptance of the terms, conditions and limitations listed herein, and completion of all courses for which I register. Tuition waiver benefits will be forfeited and I authorize the University to deduct from my salary an amount equivalent to the cost of tuition for any course(s) for which waiver is granted **if:**

1. I fail to achieve a grade of "C" or above for undergraduate level courses, "B" or above for graduate or doctorate level courses, or "Pass" for courses utilizing the "Pass/Fail" option. (Grades of "C-" and "B-" are unacceptable.)
2. I receive a mark of "Incomplete" ("I") and I do not convert this mark to a passing grade within one calendar year, following termination of the semester in which the course was taken. Doctorate courses (EDLD 895-900) may be exceptions to this policy; upon the completion of your dissertation, provide the Benefits Office with evidence of successful conversion to a passing grade.
3. I receive a mark of "In Progress" ("IP") and/or "No Grade" ("N") and I do not convert this mark to a passing grade or an "Incomplete" within one semester following termination of the semester in which the course was taken.
4. I withdraw from my course(s) after the date specified in the Class Schedule Book for a 100% tuition refund.
5. I voluntarily terminate from active employment prior to the completion of the semester for which I was enrolled.

I understand that in the event a payroll deduction must be made as herein provided, the University will collect an amount not to exceed 25% of the gross amount of my regular pay check every pay period until the full amount is collected, unless I terminate my employment, in which case the entire amount may be deducted. **I also understand any amount of granted graduate tuition exceeding the IRS Qualified Educational Assistance Amount (\$5,250) in a calendar year will be taxable.**

Email to HR_Benefits@emich.edu, or FAX to 734-487-7590

Signature of Employee _____ Date _____

SPOUSE / DEPENDENT APPLICATION FOR TUITION WAIVER

AC AH AP CA CP CS FA FM LE LL PE/PT PS

Spouse/Dependent's Name _____ E-ID# _____

Employee's Name _____ E-ID# _____

Home Address _____ Date of Hire _____

Employee's Department _____ Phone Number _____

APPLICATION FOR ONE-HALF WAIVER FOR CALENDAR YEAR: _____ Fall Winter Summer
(A new application is required for each term.)

Name of Class	Number of Undergraduate Credit Hours
Total Number of Credit Hours:	

- **Changes in credit hours requested must be made in writing to the Benefits Office as soon as the change is made.**
- Failure to submit an application for approval before the 100% Drop Deadline will forfeit eligibility for that term.
- It is employee and spouse/dependent's responsibility to review the guidelines prior to submitting an application for tuition waiver.

IMPORTANT, READ BEFORE SIGNING:

I hereby agree that tuition waiver benefits are contingent upon my acceptance of the terms and limitations listed herein and on the Tuition Waiver Guidelines, and completion of all courses for which I register. Tuition waiver benefits will be forfeited and the employee and the student will be responsible to pay back the full cost to the university for any course for which waiver is granted if:

1. I fail to achieve a grade of "C" or above for courses, or "Pass" for courses utilizing the "Pass/Fail" option. (Grade of "C-" is unacceptable.)
2. I receive a mark of "Incomplete" ("I") and I do not convert this mark to a passing grade within one calendar year following termination of the semester in which the course was taken.
3. I receive a mark of "In Progress" ("IP") and/or "No Grade" ("N") and I do not convert this mark to a passing grade or an "Incomplete" within one semester following termination of the semester in which the course was taken.
4. I withdraw from my course(s) after the date specified in the Class Schedule Book for a 100% tuition refund.

FOR EMPLOYEE:

I verify that my spouse/dependents are currently covered as dependent(s) under my health or dental plan with the university; if not, I understand I must provide proof of marriage or IRS dependency to the Benefits (copy of tax form, birth/adoption certificate) in advance.

Signature of Employee _____ **Date** _____

Signature of Spouse/Dependent _____ **Date** _____

Email to HR_Benefits@emich.edu, or FAX to 734-487-7590

WORKING HOURS AGREEMENT FOR EMPLOYEE TUITION WAIVER

(This form is only for classes during working hours)

The University's Collective Bargaining Agreements provide that employees taking advantage of the Tuition Waiver Program must take classes during non-working hours unless they are UAW Local 1975 members taking word processing or computer-related course work that has been approved by the University.

Working hours are defined as any time employees are regularly scheduled to work.

As most University employees are granted a duty-free 60 minutes lunch period, it is preferred that this time be utilized for taking classes. It is also possible for employees, with the approval of their supervisor, to work through the specified lunch period and designate a different one-hour period during the day as the lunch period, during which Tuition Waiver course work may be pursued.

Employees taking classes, which meet on two-day schedules for periods greater than one hour, may make arrangements with their supervisors for flexible scheduling. Time taken beyond 60 minutes for course work is expected to be made up in its entirety.

Note to supervisors: There is no contractual obligation to make scheduling changes. Alternate scheduling should only be undertaken, if your operational needs will not be adversely affected.

I have read these provisions and scheduling arrangements to take classes, in lieu of lunch, have been made for:

_____	_____
(Employee's Name)	(Semester)
_____	on _____
(Course Name) (Credit Hrs.) (Time)	(Day/Days)
_____	on _____
(Course Name) (Credit Hrs.) (Time)	(Day/Days)
_____	_____
(Supervisor or Department Head)	(Date)

This agreement must accompany the Tuition Waiver application if any courses are attended during the normal working day. Supervisors are recommended to keep a copy of this form.

It is the responsibility of all employees using the Tuition Waiver benefit to know and understand the policy and procedures related to the Tuition Waiver. Additional details related to this benefit can be found in the Collective Bargaining Agreement for each e-class.

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