

Faculty/Staff Application for Tuition Waiver

SECTION I: To be completed in its entirety by employee after verifying eligibility. Questions relating to eligibility should be directed to the Benefits staff in the Human Resources Department.

Please Note:

- Tuition Waiver forms will not be approved more than eight (8) weeks before the start of the semester for which the waiver is requested.
- **A separate form must be submitted for each semester. Forms requesting multiple semester waivers will not be processed.**
- Employees under the following bargaining unit are limited to 6 credits per semester and a total of 128 undergraduate credits at ESU: Management, AFSCME, SPFPA and SCUPA (or for SCUPA a combination of Graduate or Undergraduate not to exceed 60 credits)
- If an employee selects a class which is during his/her normal work schedule, an employee may use up to 5 hours of release time each week to attend classes. By signing below, the employee acknowledges that some or all of his/her lunch and/or break periods may be relinquished to attend classes. If the employee is using ANNUAL or PERSONAL leave, please remember to enter it on the Employee Self-Service Portal.

Employee Name: _____ **Student ID #:** _____ **Employee ID #** _____

Date of Birth: _____ **Status:** Active _____ Retiree _____ **Work Hours:** _____

Semester: (PLEASE ONLY CHECK ONE – IF MORE THAN ONE BOX IS CHECKED, ONLY THE CLOSEST SEMESTER WILL BE PROCESSED)

<input type="checkbox"/>	Fall 20__	<input type="checkbox"/>	Winter 20__	<input type="checkbox"/>	Spring 20__	<input type="checkbox"/>	Summer 20__
--------------------------	--------------	--------------------------	----------------	--------------------------	----------------	--------------------------	----------------

Please answer the following questions:

Do you have an undergraduate degree from ESU or other university/college: Yes _____ No _____

Have accumulated 128 undergraduate credits or more from ESU: Yes _____ No _____

Course Level to be taken: Undergraduate _____ Graduate _____ (Coaches, Faculty, Non-represented and SCUPA **only**)

Check one:

(Note: AFSCME & SPFPA/POA employees must have or will complete their probationary period by the last day of drop/add period.)

- AFSCME (See Note Above) APSCUF Management Non-Faculty Athletic Coach
 SPFPA (See Note Above) POA SCUPA

I would like to take the following two courses:

SUBJECT AREA	CATALOG NUMBER	COURSE TITLE	CREDITS	TIME & DAY

I certify that all of the information listed above is accurate and I understand that it may be subject to audit. Failure to provide complete and accurate information may result in denial of the benefit and/or disciplinary action.

Employee's Signature: _____ Date: _____

Supervisor/Dean/Director's Signature: _____ Date: _____

SECTION II (To be completed by Human Resources Representative)

Approving Signature: _____ Date: _____