

**Florida Agricultural & Mechanical University
Employee Tuition Waiver Form**

Name: _____ Employee ID: _____
 Office Phone: _____ Department: _____
 Job Title: _____ E-mail Address: _____

Check Employment Category (Must be full-time salaried employees) **A&P** **Faculty** **USPS**

Course Registration Information: List the course(s) for which you desire approval (6 credit hours max). Be sure to include alternate courses. *

	Course Title	Course Number	Section Number	Credit Hours	Course Day(s) and Time
PRIMARY					
PRIMARY					
ALTERNATE					
ALTERNATE					

* Courses ineligible for the tuition waiver program include: courses offered through other State Universities, or State/Community Colleges; thesis; internships; or directed individual study.

Leave Provision Section

Check the applicable box and fill in required information:

The course(s) listed is/are offered outside of regularly scheduled work hours and no leave will be taken to attend classes.
 The course(s) listed is/are offered during regularly scheduled working hours. All time taken during that period, including time taken in traveling to and from class, will be charged to annual, compensatory or leave without pay. Indicate the beginning and ending dates of the classes and the total hours in annual/compensatory leave to be used. Beginning Date: _____ Ending Date: _____ Total Hours: _____
 The course(s) _____ is/are required by the University as an extension of training for the current position occupied and any leave taken during working hours to attend classes will be regarded as time worked (Letter of justification required).

Employee's Certification & Signature

I certify that I am a full-time FAMU employee and am eligible to receive up to 6 credit hours of tuition free courses. I understand that the waiver only applies to tuition. Further I understand that I am required to use leave for course(s) taken during University work time unless the course(s) is/are required by the University as an extension of training, and that my supervisor is not obligated to grant time and/or leave for participation in this program, and that the value of graduate level tuition free courses is taxable under Internal Revenue Code unless tax exemption applies and is approved by the IRS. I understand that whether a course is considered taxable income is a matter between the employee and the IRS. FAMU expressly disclaims any liability in connection with this determination. I understand that I must only register during the late registration period otherwise I will be responsible for my tuition and fees.

Employee's Signature _____ Date: _____

Supervisor's Certification & Signature

I certify that the above-named employee: (Check the applicable box)
 is required to take annual or compensatory leave for course(s) taken during University work time.
 is NOT required to take annual or compensatory leave for courses taken during University work time (Letter of Justification required).

Supervisor's Signature _____ Date: _____

Management Approval

Your signature below denotes approval/disapproval for this employee to participate in the Tuition Waiver Program.

_____	_____	Approved	Disapproved
Department Head / Next Level Manager	Date		
_____	_____	Approved	Disapproved
President/Provost/Vice President	Date		
_____	_____	Approved	Disapproved
Assistant Vice President, Human Resources	Date		