



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

Employee Tuition Waiver Enrollment Form

(TUITION WAIVER SHALL NOT BE APPROVED FOR THESIS, DISSERTATION, INTERNSHIP AND DIRECTED INDIVIDUAL STUDY)

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

CHECK EMPLOYMENT CATEGORY (Must be full-time salaried employees)

- Faculty A&P USPS

COURSE REGISTRATION INFORMATION:

I am requesting a waiver for the following Semester: Year: Fall Spring Summer A&C Summer B 20

List Course(s) for which you wish to enroll.

Table with 5 columns: Course Title, Course Number, Section Number, Credit Hours, Course Day(s) Course Time

LEAVE PROVISION SECTION

Check applicable block and fill in required information:

- 1 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
2 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. (Attached letter of justification from supervisor.)

EMPLOYEE'S CERTIFICATION & SIGNATURE

I certify that I am a full-time state employee and am eligible to receive up to 6 credit hours of tuition free courses. 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 I must register only on the designated registration dates for FAMU employees otherwise I will be responsible for my tuition and fees.

EMPLOYEE'S SIGNATURE DATE:

SUPERVISOR'S CERTIFICATION & SIGNATURE

THE SUPERVISOR certifies that the above-named employee: (Check all that apply)

- 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. (Justification attached)

SUPERVISOR'S SIGNATURE DATE:

MANAGEMENT APPROVAL

Signature below denotes approval to participate in the Tuition Waiver Program.

DEAN/DIRECTOR/DEPARTMENT HEAD APPROVED YES NO DATE
PRESIDENT/PROVOST/VICE PRESIDENT APPROVED YES NO DATE
ASSOCIATE VICE PRESIDENT, CHIEF HR AND DIVERSITY OFFICER APPROVED YES NO DATE