



**UNIVERSITY OF
SOUTH FLORIDA**

**EMPLOYEE TUITION PROGRAM
REQUEST AND APPROVAL FORM**

Due by the fourth day of the term by 5pm

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| EMPLOYEE INFORMATION | Employee ID #: 000000 _____ | Student U #: U _____ |
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|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Name (Last, First): | Email Address: |
| Pay Plan (Check One): <input type="checkbox"/> Faculty <input type="checkbox"/> Administration <input type="checkbox"/> Staff | Position Title: |
| College/Department: | Mail Point: Campus Phone: |

COURSE REGISTRATION INFORMATION

Term: Fall Spring Summer A Summer B Summer C Year: 20 ____

List course(s) for which you request approval.

| CRN # | Course # | Section # | Course Title | Credit Hours | Class Time |
|-------|----------|-----------|--------------|--------------|------------|
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PLEASE READ CAREFULLY:

SUBJECT TO THE POLICIES OF THE UNIVERSITY OF SOUTH FLORIDA, I REQUEST PERMISSION TO REGISTER FOR THE ABOVE DESCRIBED COURSE (S), UP TO SIX CREDIT HOURS, WITHOUT PAYMENT OF TUITION.

I UNDERSTAND THAT I MUST SUBMIT THIS FORM TO HUMAN RESOURCES (SVC 2172) NO LATER THAN THE FOURTH DAY OF THE TERM BY 5PM OR I WILL NOT BE ABLE TO QUALIFY TO USE THE EMPLOYEE TUITION WAIVER FOR THE TERM.

I UNDERSTAND THAT ENROLLMENT IN THIS COURSE AFFORDS ME NO STUDENT PRIVILEGES UNLESS I OTHERWISE MEET THE CRITERIA FOR SUCH PRIVILEGES.

I UNDERSTAND THAT THE EMPLOYEE TUITION PROGRAM MAY OR MAY NOT COVER ALL OF MY TUITION AND FEE RESPONSIBILITIES AND IT IS MY RESPONSIBILITY TO GUARANTEE ALL TUITION AND FEES ARE PAID BY THE PAYMENT DEADLINE FOR THE TERM.

ADDITIONALLY, I UNDERSTAND THAT THE VALUE OF GRADUATE-LEVEL TUITION-FREE COURSES IS TAXABLE UNDER THE INTERNAL REVENUE CODE SECTION 117, AND TO REQUEST A TAX EXEMPTION APPROVAL, I MUST PROVIDE THE INFORMATION LISTED ON THE REVERSE SIDE OF THIS FORM.

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|------------------------------|--------------|
| Employee's Signature: | Date: |
|------------------------------|--------------|

I CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS ACCURATE AND THE TIME USED BY THE EMPLOYEE TO ATTEND THE COURSE(S) OR PROGRAM OF INSTRUCTION IS IN ACCORDANCE WITH THE USF POLICY AND PROCEDURES,

EMPLOYEE MEETS ALL ELIGIBILITY REQUIREMENTS,

THE COURSE(S), TO THE BEST OF MY KNOWLEDGE, IS (ARE) ELIGIBLE FOR THIS PROGRAM.

EMPLOYEE IS ____ IS NOT ____ REQUIRED TO TAKE COURSE(S) AS AN EXTENSION OF TRAINING IN HIS OR HER CURRENT POSITION.

| | | |
|--------------------------------|--------------------------------|--------------|
| Supervisor's Signature: | Print Supervisor's Name | Date: |
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UNIVERSITY OF
SOUTH FLORIDA

**TAX EXEMPTION FOR EMPLOYER-PROVIDED
ASSISTANCE**

Under the Internal Revenue Code 127, the value of tuition paid by the employer is taxable for graduate-level courses. The Internal Revenue Code also contains an exemption from this liability up to \$5,250 per calendar year for employer provided non-job-related educational assistance.

To be eligible for this tax exclusion, a course must meet the USF Employee Tuition Program course eligibility guidelines, which are located in the Employee Tuition Program Procedure document.

I acknowledge that I any tuition and fees above and beyond the \$5,250 will be included in my income on my W-2 as wages at the end of the calendar year.

Undergraduate courses are tax-exempt.

I certify that the course(s) meets the requirements to be considered for the tax exemption for graduate-level courses.

Employee's Signature:

Date: