



\*Before completing this application, please read the instructions at < <http://www.hr.ufl.edu/training/education/eep/agency.htm>>\*

### 1. **Employee:** Complete the information below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
State agency

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department

\_\_\_\_\_  
Job title

Semester Enrollment:  Fall  Spring  Summer \_\_\_\_\_ (A, B, or C)

List course(s):

Course Prefix and Number	Course Section	Course Title	Credit Hours	Class Period

**Restrictions:** Enrollment will be limited to courses that do not increase the direct cost to the university. Courses that increase direct cost and therefore are not space-available courses include, but are not limited to, TBA (to be arranged), individualized courses, distance learning courses, internships, and master's thesis courses, as per University of Florida rule 6CI-1.012.

By signing below, I certify that the information I have provided is accurate. Unless the course is required, time utilized by the employee in connection with the course(s) is not time for which the employee will be paid. I agree to comply with the state of Florida tuition fee waiver regulations.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### 2. **Employing State Agency Human Resources Representative**

I have reviewed the request and the above person is an eligible state agency employee.

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### 3. **University of Florida** (Note: All information on this form must be completed prior to seeking the approving signature of the university's registrar)

The courses above are approved for the State Agency Tuition Fee Waiver.

\_\_\_\_\_  
College Representative's Signature

\_\_\_\_\_  
University Registrar Representative's Signature

#### **Tax Exemption for Employer-provided Educational Assistance**

The value of the tuition waiver for graduate or professional-level study will be included as part of your gross income. However, if you document that the class is job-related, as defined by the Internal Revenue Service (IRS), the value of the tuition waiver may be excluded. The IRS states that such education **must be required by your employer or by law to keep your present salary, status, or job (and serve a business purpose to your employer). Such course work is required to maintain or improve skills needed in your present position.** However, even if your education meets one of the above requirements, it is not excludable if it is **needed to meet minimum education requirements of your present position OR is part of a program of study that can qualify you for a new trade or business, even if you have no plans to enter that trade or business** (a change of duties is NOT a new trade or business if the new duties involve the same general work you did in your old job).

Yes  No My program of study is job-related. (If no, the waiver is taxable and you do not need to complete the rest of this section).

Describe the content of the course(s) you are taking this term:

Describe how the knowledge learned in the above course(s) will improve or enhance your ability to perform your current job:

I request that the value of the waiver for the above job-related course(s) be excluded from my taxable income. I have reviewed these statements and agree that the above course(s) is/are job-related, as defined.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employing department head's signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone