

**SPRINGFIELD COLLEGE**

**EMPLOYEE**

**TUITION REMISSION FORM**



<b>HR Actions</b>
DOH _____
Co Code _____
Eligible _____
Approval _____
Date _____

<b>FAO Actions</b>
Registered _____
# of Credits _____
Semester _____
Approval _____
Date _____

**This form must be completed prior to the start of the semester for which you are applying. Deadlines are: Fall Semester Jan. 1st; Spring Semester Sept. 1st Capped Programs Sept. 1st of prior year.**

Employee's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Employee will be enrolled in which program? Undergraduate Graduate**
In which semester? (Circle One) Fall Intersession Spring Summer
*****Please attach a copy of your class schedule*****
**According to IRS Section 127, the cash value of graduate tuition remission that exceeds \$5250 in a calendar year is taxable, regardless of job relationship.

By signing below I acknowledge the following:

- To be eligible for Tuition Remission, staff employees must have successfully completed their initial Introductory Period of 6 months.
- Employees are allowed to enroll in one course per semester if the course is scheduled during the employee's normal work schedule. When the course is offered during the employee's normal work schedule, a written request to take that class during work hours must be submitted to the supervisor. The operating needs of the department will receive primary consideration when evaluating such requests. If approved, the work will be made up by adjusting the employee's work schedule, or it may be counted as vacation time, personal leave, or leave without pay.
- Registration fees, cost of private instruction, laboratory fees, activity fees, room and board, and other special fees are not included in the tuition benefit.

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

Supervisor's Signature (if class taken during work hours) \_\_\_\_\_

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