



APPLICATION FOR TUITION FEE WAIVER

AFSCME and SPFPA covered employees

(Taking Courses Under the Non-Instructional Tuition Waiver Policy)

SECTION I – Questions should be directed to Human Resources. (PLEASE PRINT)

EMPLOYEE NAME:		EMPLOYEE ID:
SEMESTER:	YEAR:	BARGAINING UNIT:

- Employees must have completed their probationary period prior to beginning of attending semester to be eligible for tuition waivers.
- Courses that are marked on your official transcript as “Withdrawn” or “Incomplete” will count towards the maximum number of allowable course credits to be waived by the university under this Tuition Waiver benefit.
- **INDEPENDENT STUDY / INDIVIDUALIZED INSTRUCTION (IS/II)** courses are not covered by tuition waiver. It is the employee responsibility to immediately report any IS/II courses added after tuition waiver form has been submitted to human resources for that semester.
- The following undergraduate course(s) I am requesting for permission to take at Kutztown University is/are under the tuition waiver provisions of my bargaining unit contract. I understand that this request is for tuition only, and that I am responsible for all aspects of the registration process. A **maximum of 6 credits** per semester (Fall, Spring & Summer I or II) may be taken.

COURSE NUMBER/SECTION AND TITLE:	CREDITS:	DAYS AND TIME OF CLASS:
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I plan to make up for work time missed in taking classes by the following alternative schedule. (Your plan for making up lost time for attending class may **NOT** exceed 8 hours of work time each day.) Please include **10 minutes** to go and **10 minutes** return from class.

Total time needed to attend classes per week: _____ (in hours/minutes)

ALTERNATE SCHEDULE	Monday		Tuesday		Wednesday		Thursday		Friday	
Work Starting Time:										
Lunch (Starts Ends):										
Work Ending Time:										
Total Make up Time/Day:	HRS	MINS	HRS	MINS	HRS	MINS	HRS	MINS	HRS	MINS

Comments: _____

I understand that I must make up any missed time from my regular work schedule and I am providing an alternate work schedule for making up time due to attending class(es). I also understand that this information is required to comply with contractual requirements. This application should be submitted no later than eight weeks prior to the deadline for payment each semester.

Employee Signature	Date
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By approving this waiver, I have reviewed this request and I understand that the resulting absence must not cause any additional cost to the university. I have reviewed the plan to make up any work missed. I understand that the operational needs of my function take precedence, and that I may refuse this request if it would disrupt the work schedule or result in additional cost.

Supervisor Signature	Supervisor Name (please print)	Date
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Name: _____ Line 1: _____

Employee ID: _____ Line 2: _____

Semester: _____ Line 3: _____

SECTION II – (To be completed by Human Resources)

Checklist:

1. Full-time employee with completed probationary period	
2. On active payroll of university	
3. Approval from manager	
4. Written plan to make up work missed	
5. No additional personnel costs for taking courses(s) NO INDEPENDENT STUDY/INDIVIDUALIZED INSTRUCTION COURSES	
6. Maximum of 128 credits through KU waiver program	
7. Certification signature of reviewing staff member	
8. Waiver approval signature	

Human Resources Approval

Date