STATE EMPLOYEE TUITION WAIVER PROGRAM
PARTICIPATION TEMPLATE FORM

Name of State University or Florida College System Institution

By completing this form you are requesting agency approval to participate in this program. You will still need to complete the appropriate forms of the school you are attending.

Name__________________________________________
Agency__________________________________________
Phone #__________________________________________
Division__________________________________________
Bureau__________________________________________
Address__________________________________________
City______________________________________________
State_____________________________________________
Zip Code__________________________________________
Email Address_____________________________________  

I am requesting a waiver for ______ Fall ______ Spring ______ Summer Year ______

Date of first day of classes (if known) ________________

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Please list up to 4 courses, 2 preferred, 2 alternate</th>
<th>Credits</th>
<th>Costs/Value per credit hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred</td>
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<tr>
<td>Preferred</td>
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<td>Alternate</td>
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</tbody>
</table>

Total Costs/Value: ____________________________

Section 127, Internal Revenue Code, permits employers to offer undergraduate and graduate education benefits to employees on a tax-free basis, up to $5,250 per calendar year. If the annual value of the state employee fee waivers exceeds $5,250, then the excess will be reported to State Payrolls as taxable income.

I, the undersigned, acknowledge the following:
- My waiver of tuition and fees will apply to no more than six credit hours per term.
- I must register for classes during the State Employee registration period prescribed by the state university or Florida College System Institution that I plan to attend.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

NOTE: Participating employees should be aware that the school at which you apply may require you to provide your social security number to verify employment.

Employee Signature __________________________________________ Date ____________

Agency Authorization
I authorize the above named employee to participate in the Tuition Waiver Program. I also certify that the above-named employee holds an established authorized position with a full time equivalency (FTE).

Supervisor’s name (please print) __________________________________________

Supervisor’s Signature __________________________________ Title ____________ Date ____________

Agency Head or designee (please print) __________________________________________

Agency Head or designee Signature __________________________________ Title ____________

Phone # __________________________ Date ____________