

APPLICATION FOR TUITION WAIVER BENEFIT

For COACHES Employees

NOTE: SECTION I and II must be completed and approved if applicable. Please use one form per course.

SECTION I – TO BE COMPLETED BY E	MPLOYEE (Please c	omplete all questions i	n this section)		
EMPLOYEE NAME:	EMPLOYEE ID:	BARGAINING UNIT:		EMPLOYING UNIVERSITY:	
			KUTZTOWN UNIVERSITY		
ATTENDING UNIVERSITY:			SEMESTER:	YEAR:	
COURSE NUMBER: COURSE TITLE:			COURSE LEVEL:	CREDITS:	
CITIZENSHIP (PLEASE CHECK ONE):					
U.S. Citizen					
U.S. Resident			•		
Non-resident Alien					
I understand it is my responsibility to n	neet the deadlines fo			ty attended.	
Employee Signature		Date	9		
SECTION II – SUPERVISORY APPROV					
The class(es) will not interfere with the	employee's primary	duties and is approved	d.		
Signature – Supervisor	Signature – Director		Signature – VP		
SECTION III – GRADUATE COURSES T	TAXATION				
If graduate level courses are being taken under educational assistance may or may not be taxablare non-taxable if they are job-related according section in full will result in the classes being treataken by employees under this program, the sufficient Course Title:	er this educational assist to the employee, dep to IRS definition up to the ted as non-job related an	ending on the nature of the e annual maximum as defin id will be taxable. With resp	courses taken. Gradua ed by the IRS. Failure to ect to the listed gradua	ate level courses o complete this	
Course Description:					

Alteriaing Unive	ersity.					
Name:		5	Semester:	Υ	′ear:	
Course:						
Are these cours current salary, s	es required by the un status or job?	iversity, or by law or re	egulation, to keep th	e employee's	Yes	☐ No
2. Do these course	es maintain or improve	e skills required in the	employee's present	work?	Yes	☐ No
	es required in order to his/her work or busin		ducational requirem	ents to qualify	Yes	□No
Are these cours trade or busines	es part of a program os?	of study that will lead	o qualifying the emp	oloyee in a new	Yes	□No
and 4 are both no. I	RS definition of job-rel Below, provide any ad on provides the emplo r business.	ditional information ab	out the employee's	ob, and how the c	ourse relate	s to his/her
			(O)			
I certify that this form	n is completed accura	tely and the course is	job-related.			
Signature – Superv	isor		Signature – Direc	tor		
SECTION IV - TO	BE COMPLETED B	Y HUMAN RESOURC	CES			
Graduate level sec	tion completed:				Yes	☐ No
Faculty is tenured/on tenure track or has a 1 year full-time contract:					Yes	☐ No
Coach has full-time regular status:					Yes	☐ No
X						
	eligibility for the tuiti and accurate to the			eby certify that t	he informat	tion
Human Resources				 Date		
SECTION $V-TO$	BE COMPLETED BY	THE BUSINESS OFFI	CE AT THE UNIVER	SITY ATTENDED I	BY THE EMI	PLOYEE
Number of Credits	Per Credit Charge	Total Waiver	Taxable Amount	Non-Taxable Amount	Award	
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