

APPLICATION FOR TUITION FEE WAIVER

AFSCME and SPFPA/POA covered employees

EMPLOYEE NAME:	SAP PERSNO:	STUDENT 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- ▶ Courses that are marked on your official transcript as "Withdrawn" or "Incomplete" will count towards the maximum number of allowable course credits to be waived by the university under this Tuition Waiver benefit.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 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: <i>SUBJECT</i>	NUMBER:	SECTION:	COURSE TITLE:	CREDITS:	DAYS AND TIME OF CLASS:
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To continue with ONLINE classes, please enter "0" in all fields of the alternate schedule. The section below should only be completed for IN-PERSON classes.

My plan to make up work time missed for attending classes is stated on alternative schedule and I am aware of the make-up time guidelines listed below.

- ▶ Make-up time may **NOT** exceed 8 hours of work time on days class is not held.
- ▶ Employees should not start before their shift to make up time for class.
- ▶ Break time cannot be used for make up time to attend class.
- ▶ Lunch and time after a shift can only be used to make up time for class.
- ▶ Average travel time is approximately **10 minutes** each way to attend class (20 minutes total). Reduced travel time to 5 minutes each way (10 minutes total) is acceptable only if classroom and work location is in the same or the next building.

Alternate Schedule	Monday		Tuesday		Wednesday		Thursday		Friday	
Work Starting Time:										
Lunch (Starts Ends):										
Work Ending Time:										
	HRS	MINS	HRS	MINS	HRS	MINS	HRS	MINS	HRS	MINS
Total Make up Time/Day:										
Total make up time/week:			← enter in hours/minutes							

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. HR will decline forms that are incorrect, then employees must submit a corrected version.

Employee Signature

Date _____

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 _____

Name:	Line 1:
Semester/Year:	Line 2:

HR Checklist:	
1. Full-time employee with completed probationary period	
2. On active payroll of university	
3. Maximum of 128 credits through KU waiver program	
4. Written plan to make up work missed	
5. No IS/II courses and additional personnel costs	
HR Comments:	

Human Resources	Date
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