

**University of Massachusetts - Lowell**

**Tuition Benefit Form for Employees / Dependents Taking Courses at Other Campuses**

<b>Employee Information – Please Print</b>	
Employee Name:	Employee Payroll ID#:
Title:	Department:
Collective Bargaining Unit* (Union):	<i>*If none, indicate non-unit</i>
Email address:	Phone # (Work or Cell):

<b>Student Information – Please Print</b>	
Student Name:	Student ID#:
Student Status: Employee      Spouse      Dependent	Dependent Date of Birth:
Where Attending:	Academic Year:
Term (Fall/Spring/Summer/Winter):	Continuing Education Yes      No
Level of Course Work: Undergraduate      Graduate	

Subject Area (i.e ACCT or MATH)	Catalog # (If Known)	# of Credits	Day/Time

<p>Are you taking any classes during your shift? Yes      No</p> <p>Have you requested release time from your department head? Yes      No</p> <p>Please describe the release time needed:</p>	<p>Are you taking any graduate courses which might exceed the IRS threshold of \$5250 this calendar year? Yes      No</p> <p>Have you asked your manager to approve any graduate courses as a <b>working condition fringe benefit</b> (see definition below)? Yes      No</p> <p>Certain job-related education provided to an employee to qualify for exclusion as working fringe benefit:</p> <ol style="list-style-type: none"> <li>1. The education is required by the university or by law for the employee to keep his/her present salary, status or job. (OR)</li> <li>2. The education maintains or improves skills needed in the job.</li> </ol>
--	--

<b>I certify the information is true and accurate to the best of my abilities.</b>	
Employee Signature: _____	Date: _____

<b>Human Resources Use Only</b>	
Full-Time Benefited	Part-Time Benefited      %      Adjunct      Date of Hire:
Full-Time Benefited Service:	Under 6 months      Is this tuition benefit taxable?
6 Months - 2 years      Over 2 Years	Taxability is determined by IRS regulations.
<b>Approved By:</b>	
_____	Date: _____
Human Resource Designee	