



UNIVERSITY OF MASSACHUSETTS

Amherst • Boston • Dartmouth • Lowell • President's Office • Worcester
TUITION WAIVER • TUITION REMISSION

EmplID _____ Rcd _____

BOX 1 - Employee

Employee Information – Please Print (8 digits)

Employee Name: _____

Title: _____ Collective Bargaining Unit (Union): _____
(If None, indicate "Non-Unit")

Campus: Amherst Department: _____ Building: _____

BOX 2 - Employee

Student and Program Information

I. Student Name: _____ Student's ID#: _____

Check one: Employee Spouse Domestic Partner Dependent's Date of birth: _____

II. Community College, State College or University Campus where class(es) will be taken: _____

Semester (circle one): Fall Summer Spring Winter Year _____

III. Are any classes to be taken through Continuing Education (check one box)? Yes No

IV. Does the Student have a Bachelor's degree (or higher) (check one box): Yes No

Level of Coursework (check one box): Undergraduate Graduate

If Yes, list course(s) being taken: _____

V. Is the coursework related to the Student's University position? Yes No **If yes, Department Head must sign in Box 3.**

VI. If you are requesting **Release Time** from your University position in order to attend the class(es), your Department Head must approve this request by signing in the Department Head box below. Please describe the release time you are requesting:

VII. If the waiver is for a dependent, I agree that he or she meets the IRS standards of dependency and that I claimed him/her as a federal tax dependent last calendar year (or could have but was prohibited due to a Domestic Relations Order).

VIII. If this tuition waiver is deemed taxable, I recognize: 1) that taxes will be withheld from my University paycheck based on the value of the waived expenses; 2) *If this waiver applies to courses at an institution other than UMass Amherst, I understand that the University will tax me on \$_____ of tuition waiver benefit unless I provide UMass Amherst Human Resources with a copy of the invoice reflecting the value of the waived benefit at least **two months** before the semester in question ends.*

Employee Signature Date Daytime Telephone Number

BOX 3 - Employee's Dept.

To be completed by the Employee's Department Head if the employee is the student to whom this tuition waiver applies:

I. Is the employee's coursework/program job-related? Yes No

II. If requested above, do you approve release time? Yes No

Department Head Signature Date

BOX 4 - Human Resources

To be completed by the University's Human Resources Office

Full-time Employee Part-time Employee _____% Date of Benefitted Hire: _____

The individual named above is an employee of the University of Massachusetts and is eligible and approved to receive:

Tuition Waiver/ Tuition Remission Partial Curriculum Fee Waiver Release time (if requested)

Is this tuition benefit taxable? Yes No If yes, taxable value of tuition benefit: \$ _____

Director of Human Resources or Designee Date

NOTE: THIS CERTIFICATE IS VALID FOR 120 DAYS AFTER THE DATE OF SIGNATURE BY THE HUMAN RESOURCES REPRESENTATIVE. A NEW CERTIFICATE MUST BE COMPLETED FOR EACH SEMESTER OF STUDY. THIS CERTIFICATE IS NOT TRANSFERABLE. CERTAIN TUITION WAIVER/REMISSION BENEFITS ARE TREATED AS TAXABLE INCOME UNDER FEDERAL LAW.

Distribution: White: Bursar's Office Yellow: Human Resources Pink: Employee