



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: <u>Amherst</u>	Department: _____	Building: _____

BOX 2 - Employee	Student and Program Information		
	I. Student Name: _____		Student's ID#: _____
	Check one: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IV. Does the Student have a Bachelor's degree (or higher) (check one box): <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Level of Coursework (check one box): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
If Yes, list course(s) being taken: _____			
V. Is the coursework related to the Student's University position? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <u>If this tuition waiver is deemed taxable, I recognize:</u> 1) that taxes will be withheld from my University paycheck based on the value of the waived expenses; 2) <i>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 <u>two months</u> before the semester in question ends.</i>			
_____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	II. If requested above, do you approve release time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Department Head Signature		_____ Date	

BOX 4 Human Resources	To be completed by the University's Human Resources Office		
	<input type="checkbox"/> Full-time Employee <input type="checkbox"/> 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:		
	<input type="checkbox"/> Tuition Waiver/ Tuition Remission <input type="checkbox"/> Partial Curriculum Fee Waiver <input type="checkbox"/> Release time (if requested)		
	Is this tuition benefit taxable? <input type="checkbox"/> Yes <input type="checkbox"/> 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