



# APPLICATION FOR TUITION FEE WAIVER

## AFSCME and SPFPA/POA covered employees

**SECTION I – Questions should be directed to Human Resources. (PLEASE PRINT)**

EMPLOYEE NAME:		EMPLOYEE ID:	
SEMESTER:	YEAR:	BARGAINING UNIT:	
LOCATION:	ATTENDING UNIVERSITY (FOR OFFICE OF THE CHANCELLOR EMPLOYEES ONLY)		
<input type="checkbox"/> OFFICE OF THE CHANCELLOR <input type="checkbox"/> KUTZTOWN UNIVERSITY			

- 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- Courses that are marked on your official transcript as "Withdrawn" or "Incomplete" will count towards the maximum number of allowable course credits to be waived by the university under this Tuition Waiver benefit.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 at Kutztown University 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 NO & SECTION:	COURSE TITLE:	CREDITS:	DAYS AND TIME OF CLASS:

**Please skip the alternate schedule if the class(es) are ONLINE. Complete below for IN-PERSON classes ONLY.**

My plan to make up work time missed for attending classes is stated on alternative schedule below. I am aware that the plan for making up time may **NOT** exceed 8 hours of work time on days class is not held and only lunch time is allowed to be used for makeup time. For KU employees, travel time is approx. **10 minutes** to get to and **10 minutes** to return from class. Travel time for OOC employees might require a longer period to attend classes in-person.

Alternate Schedule	Monday		Tuesday		Wednesday		Thursday		Friday		
Work Starting Time:											
Lunch (Starts   Ends):											
Work Ending Time:											
Total Make up Time/Day:	HRS	MINS	HRS	MINS	HRS	MINS	HRS	MINS	HRS	MINS	
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.

\_\_\_\_\_  
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: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_ Line 2: \_\_\_\_\_  
 Semester: \_\_\_\_\_ Line 3: \_\_\_\_\_

**SECTION II – (To be completed by Human Resources)**

**Checklist:**

1. Full-time employee with completed probationary period	
2. On active payroll of university	
3. Approval from manager	
4. Written plan to make up work missed	
5. No additional personnel costs for taking courses(s) <b>NO INDEPENDENT STUDY/INDIVIDUALIZED INSTRUCTION COURSES</b>	
6. Maximum of 128 credits through KU waiver program	
7. Certification signature of reviewing staff member	
8. Waiver approval signature	

\_\_\_\_\_  
 Human Resources Signature

\_\_\_\_\_  
 Date