



APPLICATION FOR TUITION FEE WAIVER MANAGEMENT and OPEIU covered employees

(Taking Courses Under the Non-Instructional Tuition Waiver Policy)

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

EMPLOYEE NAME:

EMPLOYEE ID:

Semester: (Please check one)

Fall 20___ Spring 20___ Summer I 20___ Summer II 20___ Other_____

Bargaining Unit: (Please check one)

MANAGEMENT

OPEIU (Nurses)

Note: Employees of OPEIU units must have completed their probationary period prior to beginning of attending semester to be eligible for tuition waivers.

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 NUMBER AND TITLE:	CREDITS:	DAYS AND TIME OF CLASS:
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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 for attending class(es). I also understand that this information is required to comply with contractual requirements.

I plan to make up for work time missed in taking classes by the following alternative schedule. (Your plan for making up lost time for attending class may **NOT** exceed 8 hours of work time each day.) Please include 10 minutes to go and 10 minutes return from class.

Total time needed to attend classes per week: _____ (in hours/minutes)

ALTERNATE SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Friday
Starting Time:					
Lunch Time:					
Ending Time:					
Total Work Hours Per Day:					

Comments:

Please explain how this course(s) directly related to your position and provides job-related training:

Employee Signature

Date

Note: This application should be submitted no later than eight weeks prior to the deadline for payment each semester.

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

Date

Name: _____ Line 1: _____

Semester: _____ Line 2: _____

Line 3: _____

SECTION II – (To be completed by Human Resources)

MANAGEMENT

Full-time employee with more than 9-Month position

OPEIU (Nurses)

Full-time employee with completed probationary period

Checklist:

1. Job-related explanation completed

2. On active payroll of university

3. Satisfactory performance evaluations

4. Positive leave balance

5. Approval from manager

6. Written plan to make up work missed

7. No additional personnel costs for taking courses(s)

NO INDEPENDENT STUDY/INDIVIDUALIZED INSTRUCTION COURSES

8. Certification signature of reviewing staff member

9. Waiver approval signature

Human Resources

Date