

Before completing this application, please read the instructions at <https://registrar.ufl.edu/registration/employee-education.html>.
 Note: This application is for state agency employees only. If you are an employee of the University of Florida, please use the appropriate form for UF employees – you can find it at <https://hr.ufl.edu/professional-development/eep/checklist-uf>.

1. Employee: Complete the information below.

Last name:	First name:	MI:
UF ID #:	Date of Birth:	
Phone #:	Alternate Phone #:	
Email Address:	State Agency:	
Department:	Work Address:	
Semester enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer ____ (A, B, C, or D)		

List courses: consult the schedule of courses to verify course offerings for your application term.

Course Prefix and Number (Required)	Course Section/Class Number	Course Title	Credit Hours	Class Period

Limitations

The State Employee waiver covers up to six credits of tuition and related fees as defined by FL BOG 7.001, and does not cover items beyond the per credit tuition and fee rate such as: equipment use fees, distance learning fees, materials and supply fees, lab fees etc.

No more than \$5,250 in educational assistance provided per Plan Year under the Program qualifies for tax-free treatment. Any educational assistance provided to a participant under the Program which is valued in excess of \$5,250 will be reported to the Internal Revenue Service as income received by the participant. No eligible employee may receive monetary or other compensation in lieu of participation in the Program.

2. Employee's Signature

By signing below, I certify that the information I have provided is accurate. Unless the course is required, time utilized by the employee in connection with the courses is not time for which the employee will be paid. I agree to comply with the state of Florida tuition fee waiver regulations. I understand that only the sections listed above will be considered for waiver of fees, provided that they are approved by the Registrar's Office.

Employee's Signature _____ Print Name _____ Date _____

3. Employing State Agency Human Resources Representative
I have reviewed the request and the above person is an eligible state agency employee.

Representative's Signature _____ Print Name _____ Date _____ Phone _____

4. Department Offering Courses
I have no objections to the employee enrolling in the above named courses.

Representative's Signature _____ Print Name _____ Date _____ Phone _____

5. Registrar's Office *Note: All information on this form, including the signature from the UF department offering the courses, must be completed prior to seeking the approving signature of the university's registrar.*

University Registrar Representative's Signature _____ Date _____