Connecticut State University System  
Tuition Waiver for Administrative Clerical Bargaining Unit Members  

Current federal tax regulations state that the monetary value of the tuition waived for graduate level studies may be considered a taxable benefit. You should discuss your specific taxable compensation issues directly with the IRS, the Department of Revenue Services, or your tax professional.

### Part A (Employee)

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Banner ID #:</td>
</tr>
<tr>
<td></td>
<td>Campus Phone #:</td>
</tr>
</tbody>
</table>

**Campus of Employment:**  
- [ ] C  
- [ ] E  
- [ ] S  
- [ ] W  
- [ ] System Office

**Employee Title:**  

**Department:**

**Current Work Schedule**

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time In:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Out:</td>
<td></td>
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</tbody>
</table>

**Total hrs. worked per week:**

**Overall Evaluation was “Good” or better on the most recent performance appraisal.**

**Campus to be Attended:**  
- [ ] C  
- [ ] E  
- [ ] S  
- [ ] W

**Student Status:**  
- [ ] Undergraduate  
- [ ] Graduate*  
  (*Have attained a Bachelor’s degree.)

**Will Tuition Waiver be Used for the MFA in Writing program?**  
- [ ] Yes*  
- [ ] No  
  *If Yes, please see the MFA in Writing restrictions on page 2.

**Semester Requested 20___:**  
- [ ] Fall  
- [ ] Spring  
  * Benefit is only available for the fall/spring semesters.

**Course(s) to be Taken:**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject/Course</th>
<th>Day(s) &amp; Times</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maximum benefit is two (2) courses or eight (8) credits per regular academic semester.

I certify that the above statements are true and that I am eligible for this benefit in accordance with provisions of the Agreement between the CSUS-BOT and AFSCME/Council 4 (see reverse side of form for highlights of the Agreement).

**Employee Signature**  

**Date**

### Part B (Human Resources Office)

- [ ] Employee is eligible for benefit
- [ ] Application is rejected and returned to employee  
  **Reason:**

**Chief Human Resources Officer or Designee**  

**Date**

*After course registration, Continuing Education/Cashier is to return a copy of the completed form to the Vice President for Finance & Administration or Chief Financial Officer of the campus of EMPLOYMENT.*

Revised: 12/11/13 – wesu-hr