UCONN
HEALTH
HUMAN RESOURCES

UConn Employee Tuition Waiver Request for University Health Professionals

Bring this form to registration

Part I.   EMPLOYEE'S INFORMATION:

Employee Name _____   E-Mail Address _____

PeopleSoft Student ID # (7 digits)_____   Employee #_____

Employee Job Title _____   Work Address _____

Department & Mail Code_____   Department Phone # _____

Part II. CERTIFICATION BY INSTRUCTOR   **Year _____ Semester: Fall ____ Spring _____**

Note: Instructor should not initial until the first or second day of classes.

Waivers may not be applied to intersession, summer, or lab courses.

The course/s that this waiver will cover are:

Course Name & Section #:   **Credit Hours:**   **Instructor's Initials ***

_____

_____

_____

* If taking an online course, student can provide an e-mail from the instructor (must be dated on or after the first or second day of classes) confirming the space availability and authorizing the student's enrollment in the course.

Part III. CERTIFICATION BY REGISTRAR   **Year _____ Semester: Fall ____ Spring _____**

Student is a: Matriculated undergraduate student ___   Non-degree undergraduate student ___

                  Matriculated graduate student   ___   Non-degree graduate student   ___

Semester begin date: _____

Date student registered for course(s): _____

All courses on the waiver request are non-laboratory: Yes ___   No ___

Total credit load covered by waiver: _____

Registration Officer (Print) Name _____ Phone #_____

Signature _____ Date _____

Part IV. CERTIFICATION BY EMPLOYEE

A. Please select as appropriate:
   _____   **I am taking an undergraduate course/s**
   _____   **I am a matriculated graduate student**
   _____   **I am not a matriculated graduate student but the graduate course(s) I am taking are work related.**

B. Are the course/s job-related*: _____YES   _____ NO

*Job-Related Tests
If the two part job-related test is satisfied and documented, graduate level courses taken by employees qualify for exclusion from income. Acceptable documentation would include the employee's supervisor signing section V stating that s/he agrees with the employee's certification that the course is job-related.

The job-related tests are not satisfied unless BOTH of the following tests are met.

FIRST, the educational assistance MUST MEET ONE of the following requirements:
a. The education must maintain or improve skills required by the employee in his/her job.
b. The education must meet the express requirements of the University imposed as a condition of retaining the job. Please note, the requirement must have a bona fide business purpose, and only the minimum education necessary for retention of employment, status or salary may be considered as undertaken to meet the employer's requirement.

SECOND, the educational assistance MUST MEET BOTH of the following requirements:
a. The education cannot constitute a minimum educational requirement to qualify for obtaining employment.
b. The education cannot lead to qualifying the individual for a new trade or business. Please note, a change in duties does not constitute a new trade or business if the new duties involve the same general work as is involved in the employee's present work.

If YES is selected, explain briefly:

_____

_____

_____

C. Temporary Flexible Schedule Request (*please check one*)

   ___ **Not needed –** the course is not during my regular working hours

   ___ **Requested** – the course is during my regular working hours

	CURRENT WORK SCHEDULE	**REQUESTED WORK SCHEDULE**
Monday	_____ to	_____
Tuesday	_____ to	_____
Wednesday	_____ to	_____
Thursday	_____ to	_____
Friday	_____ to	_____

D. Employee's Signature _____ Date _____

Part V. CERTIFICATION BY MANAGER

My signature below indicates that I agree:

1) with the employee's representation of whether or not the course is job related as indicated above *(please check one)*

_____   _____
Yes   No

2) with the employee's request for a temporary schedule change if one is requested *(please check one)*

_____   _____   _____
Yes   No   N/A

Manager's Name _____
print

Manager's Signature _____   **Date** _____
Manager cannot be a member of UHP

Part VI. CERTIFICATION BY THE DEPARTMENT OF HUMAN RESOURCES

Immediately following certification by the manager, student submits the form to the Department of Human Resources for approval.

This will verify that the above student is eligible for a _____ % waiver of tuition for the semester indicated.

Signature _____ **Date** _____

Routing Procedure

1. Employee completes Part I and Part II.

2. Instructor initials Part II or student provides e-mail authorization as described in Part II.

3. The Registrar's Office completes Part III at the time of registration.

4. Employee completes and signs Part IV.

5. Employee's manager completes and signs Part V.

6. Upon completion of Parts I through V, employee submits the request to the Department of Human Resources for final approval on Part VI. No waiver will be granted without this final sign-off. HR will forward the completed forms to the appropriate offices to complete the waiver process.

** Students may request a deferment of tuition through the Bursar's Office. However, students are still responsible for paying other associated fees by the following deadlines:

Undergraduate Students: Fall semester – August 1 Spring semester – January 8
Graduate Students: The Friday before classes for graduate students

It is recommended that the completed Tuition Waiver Request Form is submitted to Human Resources within two weeks of the beginning of the semester, but no later than by the deadline below to allow for timely processing.

Deadlines: Fall semester – October 1   Spring Semester – February 14

Submit completed tuition waiver request form to: Department of Human Resources Benefits Unit, Mail Code 4035

For Questions: 860-679-2426