

WEST VIRGINIA STATE UNIVERSITY EMPLOYEE TUITION WAIVER FORM

Employee Name (print) _____

Employee "A" Number _____

Department: _____

Academic Level: Undergraduate _____ Graduate _____ Doctorate _____

Academic Year: _____

Academic Term: Fall _____ Spring _____ Summer I _____ Summer II _____ Summer III _____

Educational Release Time:

_____ I am NOT requesting Educational Release Time to attend classes.

_____ I AM requesting Educational Release Time to attend classes as part of my degree plan of study.

This Educational Release Time does not cause undue hardship on the office and expectations required of my job description.

If requesting Educational Release Time:

Dates of request: _____

From the hours of: _____ a.m./p.m. to _____ a.m./p.m.

Time will be made up within the same workweek as follows. (Please list dates and times you plan to work to make up the missed time).

I understand that:

1. I will submit the Tuition Waiver Form each semester for Release Time Approval;
2. Any makeup time will not be paid at an overtime rate;
3. My makeup time request must be approved by my direct supervisor
4. If I take time off and I am unable to work the scheduled makeup time for any reason, the hours missed will be recorded using the appropriate leave.
5. Administrative Procedure #001 will dictate the terms of my tuition waiver.

Employee Signature		Date
Supervisor Name (print)	Signature	Date
Area Vice President (print)	Signature	Date
Vice President of Business & Finance (print)	Signature	Date

<p>HUMAN RESOURCES VERIFICATION & CONFIRMATION</p> <ul style="list-style-type: none"> • Confirmed Eligibility • Denied Eligibility 	
<hr/> Human Resources Representative Signature	<hr/> Date

Office of Financial Aid	Director of Financial Aid (Signature)/Date
Office of Student Accounts	Manager of Business Operations (Signature)/Date

Return to: Office of Human Resources
324 Ferrell Hall
PO Box 1000
Institute, West Virginia 25112