Request for Employee Tuition Waiver/Scholarship Authorization

Directions to Submit Form Electronically: 1. Download & Save form to computer
2. Re-open to complete form
3. Save & Click red send button to email completed form

Employee Name: _____
(Last) (First) (Middle)

Employee ID Number: _____ **Email Address:** _____

Employee Group:
Choose One

☐ Full-time Employee (Administrative Professional, Faculty & Support Staff)
☐ Benefit Eligible Part-time Employee
☐ SVSU Retiree
☐ Other Full-Time Employees (Aramark, Barnes & Noble)

**Eligible children - include sons, daughters, stepsons, stepdaughters and legally adopted sons and daughters under age 30 during the entire academic semester enrolled.*

Name of the Individual to Receive the Waiver/Scholarship	Student ID Number	Relationship to the Employee/Retiree (self, spouse, or child*)	If child, please enter date of birth	If child, indicate whether tax dependent
			____/____/_____	☐ Yes ☐ No

Please select the semesters/years in which the Tuition Waiver/Scholarship Authorization is requested: A new waiver form must be complete each semester on or following the date noted below:			
June 1	November 1	March 1	April 1
☐ Fall 20___	☐ Winter 20___	☐ Spring 20___	☐ Summer 20___

I have read the SVSU Employee Tuition Waiver policy and understand that some or all of this benefit may be taxable.

Click Here to Send Form

Employee Signature Date

****THE COMPLETED FORM MUST BE FORWARDED TO HUMAN RESOURCES FOR APPROVAL****

HUMAN RESOURCE AUTHORIZATION	
Approved by:	**Date:**

HR Use: Send to S&FA

For Office Use Only:

Office of Scholarship & Financial Aid

Award Code

Processed by: **Date:**

Payroll Office

S&FA Use: Send to Payroll

Processed by: **Date:**

Updated 3/22/2019 (HR/aba)
Tuition Waiver Policy Link: http://www.svsu.edu/operationsmanual/humanresources/employeetuitionwaiverauthorization210-1/