



Southeastern Oklahoma State University Benefits Eligible Employee Tuition Waiver

Full name as appears on Social Security Card

Major Field of Study

Student ID #

Status: (circle one) Undergraduate Graduate

Semester: (circle one) Fall Spring Summer

Year: 20_____

Training programs for the benefit of personnel will be provided when feasible at reduced or no tuition cost to the employee. Such programs are to assist personnel in the performance of assigned duties and to aid personnel in acquiring new skills to qualify for advancement. Employees desiring to enroll in a University course at a reduced tuition rate must follow the recognized guidelines.

The University places no limitations on the number of hours of course work in which an employee may enroll outside of the employee's normal working hours. However, such course work cannot interfere with the employee's duties as determined by the supervisor.

A regular full-time employee may adjust his/her work schedule with approval from the supervisor to accommodate no more than four (4) credit hours of course work during the employee's normal work shift. Time lost taking courses during the normal work shift shall be made up at a time mutually acceptable to both the employee and the supervisor. Make-up of lost time must be completed during each forty-hour work week. Make up times are to be consistent and equal to the time away from work, thereby providing a routine work pattern. Any use of annual leave or compensatory time for make-up time must be approved by the immediate supervisor (personal/sick leave may not be used for make-up time). A class scheduled during the lunch hour will not count as the one authorized course offering during the employee's normal work shift. It is important to note that any such arrangements must be approved by the supervisor, who is not obligated to give such approval.

Review and approval by the appropriate Vice President in the administrative channel and the Vice President of Business Affairs is required prior to enrollment for any course work that proposes more than this policy allows during the normal work shift

As a benefit to regular full-time employees and to encourage further education, Southeastern Oklahoma State University will waive **one-half** of graduate and undergraduate on a **maximum of six (6) student credit hours per semester** as a benefit to employees. Full tuition must be paid on all classes that exceed the six (6) hours. Related fees, such as student activity fees, facility fees, etc., are to be paid-in-full by the employee per Oklahoma State Regents for Higher Education policy. Tuition assistance is not waived for workshops; correspondence courses or institutes; courses audited, repeated, or previously dropped. An employee allowing classes to conflict with job performance may be barred from this benefit. To be eligible for the waiver, the course work for which the employee is enrolled should be complementary to his/her job position at the university. Persons who are employed less than 75% full-time are not eligible for the waiver.

In order to receive the tuition waiver, prior to enrollment the full-time benefits eligible employee must complete this form **in full** and submit this form with the supervisor's signature to the Financial Aid Office for final approval. Each semester the Human Resources office will audit all users of this benefit for eligibility.

Employees allowing classes to conflict with their job performance or those who deviate from the guidelines set forth in the Employee Handbook may be barred from this benefit. Contact the Office of Human Resources with any questions regarding this benefit.

Course & Section Number	Course Name	Class Beginning & Ending Time		Compensated Beginning & Ending Time	

<p><i>I do hereby swear and affirm that, as a full-time benefits eligible employee, I am eligible for this benefit and that I understand and will comply with the employee enrollment benefit.</i></p> <p>_____ EMPLOYEE SIGNATURE</p> <p>_____ DATE</p>	<p><i>I do hereby swear and affirm that this employee is eligible for this benefit and that as supervisor; I am approving this application for the employee enrollment benefit.</i></p> <p>_____ SUPERVISOR SIGNATURE</p> <p>_____ DATE</p>	<p style="text-align: center;"><i>Director of Financial Aid</i></p> <p>_____</p>
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