

EDUCATIONAL BENEFIT FORM

INSTRUCTIONS:
Rev. 1/1/2012

- 1) An application must be completed each **academic year** for employees/retirees applying for the benefit. One application covers Fall, Spring, and Summer terms.
- 2) Complete sections I, II, and III for employee and/or dependents applying for the benefit.
- 3) Section IV should be **completed** and **signed** by the employee's college or departmental budget or fiscal representative or it will not be accepted.
- 4) Return completed application to the HR Service Center, Box 870174, at least **one month prior** to the registration payment confirmation.

TAX IMPACT: Educational benefits received by dependents and sponsored dependents of University employees are almost always taxable to the employee if the eligible dependent is enrolled in graduate school. For those educational benefits which are taxable, Federal, State, and Social Security taxes will be withheld from the employee's payroll checks received near the end of each term in which the eligible dependent was enrolled and received an educational benefit. This will usually occur in May for the spring semester, August for the summer terms, and November for the fall semester.

NOTE: It is the responsibility of the applicant to report any account number distribution changes to the HR Service Center. It is also the responsibility of the applicant to report changes that affect eligibility, e.g. termination of employment, marriage of a dependent or sponsored dependent child and when dependents or sponsored dependent children reach age 26.

THIS APPLICATION IS FOR (Check all that apply):

<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse or Sponsored Adult Dependent
<input type="checkbox"/> Child	<input type="checkbox"/> Sponsored Child Dependent

I. EMPLOYEE INFORMATION

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE CWID or SSN	ACADEMIC YEAR APPLYING FOR
TITLE	DEPARTMENT/DIVISION		CAMPUS BOX NUMBER	CAMPUS PHONE NUMBER
EMPLOYMENT STATUS	<input type="checkbox"/> Regular full-time		<input type="checkbox"/> Regular part-time	<input type="checkbox"/> Retired

II. STUDENT INFORMATION

EMPLOYEE	LAST NAME	FIRST NAME	MI	DOB	CWID
COURSE OF STUDY (Check all that apply): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate					
SPOUSE or SPONSORED ADULT DEPENDENT	LAST NAME	FIRST NAME	MI	DOB	CWID
CHILD/SPONSORED CHILD DEPENDENT	LAST NAME	FIRST NAME	MI	DOB	CWID
CHILD/SPONSORED CHILD DEPENDENT	LAST NAME	FIRST NAME	MI	DOB	CWID
CHILD/SPONSORED CHILD DEPENDENT	LAST NAME	FIRST NAME	MI	DOB	CWID

III. CERTIFICATION AND SIGNATURE OF EMPLOYEE/RETIREE

I certify that the information provided on this form is true and complete (EMPLOYEE/RETIREE SIGN BELOW)	DATE	E-MAIL ADDRESS
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IV. EMPLOYEE INFORMATION (To be completed by the College or Departmental Budget or Fiscal representative.)

Write in the Banner departmental account number(s) (FOAP) to which this grant is to be charged. This should reflect the employee's permanent salary line FOAP. Dependent tuition benefits may not be charged to grant funds (2xxxx, 7xxxx) as per Office of Research. If more than one FOAP is indicated, enter the percentage to be charged and indicate Acct 605535 for employee educational benefits or 605540 for dependent educational benefits.

COA	FUND	ORGN	ACCT	PROG	%

BENEFITS/STUDENT RECEIVABLES USE ONLY
FTE: _____

APPROVED BY: _____

DATE APPROVED: _____

DATE RECEIVED: -----

 Signature of Department Budget
 or Fiscal Representative

 Date