Download

MCNEESE STATE UNIVERSITY
APPLICATION FOR EMPLOYEE FEE WAIVER/AUTHORIZATION TO TAKE UNIVERSITY CLASSES

SEMESTER AND YEAR _____

SOCIAL SECURITY # _____ EMPLOYEE NAME: _____

RANK OR TITLE: _____ DEPT. EMPLOYED: _____ Ext. _____

You must have two (2) different levels of approval for each scheduled course and verification of employment by McNeese Human Resources.
No signature stamps will be accepted. Once approved, supervisors must initial any changes to this schedule to ensure agreement to the final schedule.

COURSE/HOUR SCHEDULED

COURSE (3)	CR. HRS. (4)	TIME OF CLASS (2)	APPROVED BY IMMEDIATE SUPERVISOR (1)	APPROVED BY NEXT LEVEL SUPERVISOR (1)	HUMAN RESOURCES

TOTAL HOURS SCHEDULED: _____

Are any of the courses for which you are requesting exemption being taught in the department or the discipline in which you are employed? _____ Yes _____ No

Will you be attending class during your lunch period? (2) _____ Yes _____ No

Please designate your normal work schedule: _____ to _____ : _____ to _____ Immediate Supervisor Approval: _____

(1) Signature certifies that you have examined this application and that the employee meets all qualifications according to Policy # IIX and IIY in the Faculty/Staff Handbook.

(2) For classes attended during the work day, employees must use appropriate leave for time spent in class, except for time attended during the lunch period.

All leave taken must be recorded on the Application for Leave form each pay period.

(3) IRS Code 117(d) requires that exemptions for graduate students are taxable except to those who are teaching or in research positions. The taxable amount of the exemption will be included on Form W-2.

(4) Employees may attend class a maximum of 3 clock hours per week during the work day.

I certify that this applicaton is just and true in all respects. I certify that this does not coincide with teaching responsibilities or office hours.

_____ _____
Signature of Applicant Employee Date

**********DO NOT WRITE IN THE SPACE BELOW (FOR HUMAN RESOURCES USE)**********

LENGTH OF SERVICE OF EMPLOYEE @ MSU _____ VERIFIED BY _____ DATE _____

Revised 05/05