

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

SEMESTER AND YEAR _____

BANNER ID #: _____ EMPLOYEE NAME: _____

PHONE EXTENSION: _____ DEPT. EMPLOYED: _____ RANK OR TITLE: _____

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

Are you in good academic standing and not on academic probation or suspension? ____ Yes ____ No

(1) Signature certifies that you have examined this application and that the employee meets all qualifications according to the University's Employee Tuition and Fee Policy.

(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 application 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 OFFICE USE ONLY)*****

Good Academic Standing?

Date: _____

Verified By: _____

McNeese Employee?

Verified By: _____

Date: _____

____ Yes ____ No

____ Yes ____ No