

**SPRINGFIELD COLLEGE
EMPLOYEE
TUITION REMISSION FORM**

This form must be completed prior to the start of the semester for which you are applying.

Employee Name _____

Employee will be enrolled in which program: Undergraduate Graduate**

This form is for which semester: FALL SPRING SUMMER INTERSESSION

**According to IRS Section 127, the cash value of graduate tuition remission that exceeds \$5250 in a calendar year is taxable, regardless of job relationship.

By signing below I acknowledge the following:

- To be eligible for Tuition Remission, staff employees must have successfully completed their initial Introductory Period of 6 months.
- Employees are allowed to enroll in one course per semester if the course is scheduled during the employee's normal work schedule. When the course is offered during the employee's normal work schedule, a written request to take that class during work hours must be submitted to the supervisor. The operating needs of the department will receive primary consideration when evaluating such requests. If approved, the work will be made up by adjusting the employee's work schedule, or it may be counted as vacation time, personal leave, or leave without pay.
- Registration fees, cost of private instruction, laboratory fees, activity fees, room and board, and other special fees are not included in the tuition benefit.
- I understand the value of my graduate tuition benefits valued at more than \$5250 will be taxed. The taxes will be spread over the semester based on my paycheck frequency.

Employee's Signature _____ Date _____

Supervisor's Signature (if class taken during work hours) _____

OFFICE OF HUMAN RESOURCES ACTION:

Employee FT Start Date: _____ Payroll Frequency _____

Approved by: _____ Date _____

Cc: 1) Business Office 2) Financial Aid Office 3) Employee 4) Original to HR