

REQUEST FOR FACULTY/STAFF TUITION WAIVER

This waiver may be subject to Federal Income Taxation and withholding guidelines as of January 1, 2009.

I hereby request a waiver for the school year 20____: Semester: fall ____; spring ____; or summer: 1st term ____; 2nd term ____
at SAU Magnolia: ____ SAU Tech: ____ South Ark.: ____.

Request for: ____ self (see I, II, and IV) ____ dependent (see I, III, and IV)

I. Faculty/Staff Information

Name: _____ Employee ID Number: _____
Employed at: SAU Magnolia _____ SAU Tech _____ South Ark _____ Employment date: _____
Department/Area _____

II. Waiver for Self

I, _____, request permission to enroll in the course(s) listed below:

Course Name	Course Dates		Course Meeting	
	Start	End	Day(s)	Hour(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

____ My supervisor requests that this course be considered as on-the-job training and that I not be required to make up the work time missed because _____

____ I will make up the work time missed by _____

III. Waiver for Spouse or Dependent Child

Name: _____ Student ID Number: _____
 Spouse Dependent Child Date of birth _____

Address: _____

I certify that the dependent child, as defined by the Internal Revenue Service, is unmarried and under age 26 and has been claimed by me for income tax purposes in the preceding year and will be claimed by me during the time of the tuition waiver. I agree to furnish documentation in support of the validity of the above statements, including, if requested, copies of federal and state income tax returns as may be necessary to confirm my claim of dependent status.

IV. Approval

Employee's Signature Date Vice President's/Vice Chancellor's approval Date

Dean/Department Head approval Date President's/Chancellor's approval Date



SOUTHERN ARKANSAS
UNIVERSITY
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Magnolia - Texarkana - Camden

Office Use Only			
____ Business Office	____ Personnel Office	____ Financial Aid Office (Transmittal of Aid)	
____ Financial Aid Office	____ Presidents Approval	Amount \$ _____	