



APPLICATION FOR TUITION REMISSION FOR EMPLOYEES

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.
SUBMIT COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES.

EMPLOYEE'S FULL NAME	PLNU ID#	DATE EMPLOYED
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INSTRUCTIONS: This form is to be completed and submitted prior to the start of each semester that an employee requests tuition remission for personal use.

- Yes No **Will you be filing the FAFSA (Free Application for Federal Student Aid) this academic year?** (check "No" only if you **do not** want to be considered for federal and/or state aid, such as Cal Grant, Pell Grant, SEOG, Stafford Loans, etc.)
- Yes No **Do any of the classes include a travel component?**
- Yes No **Are any of the classes taken by directed study?**

Classification: Undergraduate Teacher Credential Graduate Session & Year
Ex: Fall '07

Course Number Number of Units Days & Time of Course
Ex: MWF 7:30-8:30 or TTH 9:00-10:30

Course Number Number of Units Days & Time of Course
Ex: MWF 7:30-8:30 or TTH 9:00-10:30

Total Number of Units

Which Campus? Main Campus Mission Valley Arcadia Bakersfield

SUPERVISOR'S SIGNATURE	DATE
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CERTIFICATION STATEMENT

I am applying for tuition remission benefits. If this benefit is subject to taxation according to IRS regulations, I authorize the value of this benefit to be added to my taxable income and the taxes deducted from my paycheck(s). **Tuition remission is subject to taxation according to regulations in effect at the time the benefit is utilized. If required, the benefit will be taxed. The value of the benefit will be added to the employee's W-2 form and tax will be deducted from payroll checks.**

EMPLOYEE'S SIGNATURE _____ DATE _____

HUMAN RESOURCES OFFICE USE ONLY

Certification of Eligibility: Faculty Staff/Administrator Percentage of Discount: _____

ASSOCIATE VICE PRESIDENT FOR HUMAN RESOURCES' SIGNATURE _____ DATE _____

STUDENT FINANCIAL SERVICES OFFICE USE ONLY

CODE	AMOUNT	DATE	INITIALS
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of units _____ x rate _____ = _____