

# EMPLOYEE AND/OR DEPENDENT TUITION WAIVER FORM

| Employee's Name:                          |   | 1  | Employee's ID# & Position /Title: |   |                      |  |
|---|---|--|-----------------------------------|---|----------------------|--|
| Employer:                                 |   |  | Phone #: Email:                   |   |                      |  |
| Dependent's Name:                         |   |  | ependent's Student ID#            | or SS#:   |                      |  |
|   |   |  | Phone #:                          | Email:  |                      |  |
| Relationship to Employ                    | vee: (check one)  | ·  | -none #.                          | Enian.  |                      |  |
|   | Unmarried Natural or Add  | opted Child 🛛 Unmarried Ste  | p-Child 🗌 Unmarried               | d Legal Ward                                    |                      |  |
| •   | live with you? 🗆 Yes 🗆 N  | •  | e with a former Spouse?           | 0   |                      |  |
| Dependent for federa                      | l income tax purposes?  | Yes 🗆 No Dependent Date  | of Birth:                         |   |                      |  |
|   |   | d they must reside in the househ                                   |                                   | ne employee's former spouse.                    | Exception: stepchild |  |
|   | ehold of the employee).   |  |                                   |   |                      |  |
|   |   |  |                                   | - 14  |                      |  |
| Institution to Attend:<br>Student Statu   |   | raduate  | Term/Year:                        |   |                      |  |
| Student Statt                             |   | laudate  |                                   |   |                      |  |
| Course #:                                 | Course Name:  |  | Credit Hours:                     | Online: 🗆 Yes 🗆 No                              | Audit: 🗆 Yes 🗆 No    |  |
| Course #:                                 | Course Name:  |  | Credit Hours:                     | Online: 🗆 Yes 🗆 No                              | Audit: 🗆 Yes 🗆 No    |  |
| Course #:                                 | Course Name:  |  | Credit Hours:                     | Online: 🗌 Yes 🗌 No                              | Audit: 🗆 Yes 🗆 No    |  |
| Course #:                                 | Course Name:  |  | Credit Hours:                     | Online: 🗌 Yes 🗌 No                              | Audit: 🗆 Yes 🗆 No    |  |
| Course #:                                 | Course Name:  |  | Credit Hours:                     | Online: 🗆 Yes 🗆 No                              | Audit: 🗆 Yes 🗆 No    |  |
| I an utifie that I am famil               |   | Chata Daard of Education Dalia.                                    | C12 02 and that the new           | ·····   |                      |  |
|   | •   | State Board of Education Policy<br>cordance with Policy 612.02 gui |                                   | .,  |                      |  |
| 1   |   | of tuition waiver), books and su                                   | •                                 |   | 0                    |  |
| INITIAL BY                                | Maximum of one audit per term   |  |                                   |   |                      |  |
| EACH                                      | Waiver does not apply to repeated courses   |  |                                   |   |                      |  |
| ITEM AND                                  | Student must abide by the academic limitations and policies of the attending institution (including any course limitations) |  |                                   |   |                      |  |
| SIGN<br>BELOW                             | Unofficial Transcripts (and current course schedule) must be attached to this form  |  |                                   |   |                      |  |
|   |   | unent course schedule, must be                                     |                                   |   |                      |  |
|   |   |  |                                   |   |                      |  |
|   |   |  |                                   |   |                      |  |
| Employee Signature                        |   |  | Date                              | ł   |                      |  |
|   |   |  |                                   |   |                      |  |
|   |   |  |                                   |   |                      |  |
| Supervisor Signature (i                   | if required)  | _  | Date                              | ·   |                      |  |
| Certification:                            |   | Certification:   |                                   | Certification:                                  |                      |  |
| Full Time (100%)                          | Full Waiver   | Student's GPA at least 2.0?  |                                   | I hereby certify that                           |                      |  |
| 30-39 Hours (75%)                         | 2/3 Waiver  | 🗆 Yes 🗆 No   |                                   |   |                      |  |
| 20-29 Hours (50%)                         | 1/3 Waiver  |  |                                   | is an eligible employee at                      |                      |  |
| <20 Hours (25%)                           |   |  |                                   |   |                      |  |
| Employment/Retire                         | ement Date:   |  |                                   |   |                      |  |
| *Dependents are eligible for Waiver for a |   |  |                                   | and is eligible to receive all benefits granted |                      |  |
| maximum of 5 years from date of employee  |   |  |                                   | under the Employee and Dependent Tuition        |                      |  |
| retirement (25+ service                   | years)  |  |                                   | Waiver Program.                                 |                      |  |
|   |   |  |                                   |   |                      |  |
| Certifier Name                            | Date  | Certifier Name   | Date                              | President/Vice President                        | Director             |  |
| Certifier Mallie                          | Date  | Certilier Name   | Date                              | Freshenry vice Freshenry                        | J Director           |  |
|   |   |  |                                   |   |                      |  |
|   |   | Department/Division  |                                   | Department/Division                             |                      |  |
| INSTITUTION TO ATTEND:                    |   |  |                                   |   |                      |  |
| I certify that                            |   |  |                                   |   |                      |  |
|   |   |  |                                   |   |                      |  |
|   | at(College or Entity)   |  |                                   |   |                      |  |
|   |   |  |                                   | ·····//   |                      |  |

## GUIDELINES FOR POLICY TUITION ASSISTANCE AGREEMENT BETWEEN ATHENS STATE UNIVERSITY AND ALABAMA COMMUNITY COLLEGE SYSTEM EMPLOYEES

## I. GENERAL

This tuition waiver program is designed for all full-time and Salary Schedule H-30-35 employees of The Alabama College System and the Alabama Department of Postsecondary Education and their dependents as defined under Section II. Courses taught by Athens State University are not subject to this policy. The program will be coordinated by each institution for employees within The Alabama College System and the Alabama Department of Postsecondary Education. An application form for the tuition assistance program is available at each institution and should be completed prior to registration for classes. A copy of the completed form must be maintained by the employing institution and the institution offering courses (if different).

#### II. DEFINITIONS

Employee: Any full-time or Salary Schedule H-30-35 employee of any System institution and the Alabama Department of Postsecondary Education. This program will not include temporary or part-time employees or persons serving as independent contractors to any of the System institutions or to the Alabama Department of Postsecondary Education.

Dependent: The spouse of any full-time employee, the unmarried, natural or adopted children of any full-time employee, residing in the household of the employee or the employee's former spouse; the unmarried stepchildren of any full-time employee, residing in the household of the employee; a legal ward (a minor child placed by the court under the care of a guardian), who has not attained the age of 26.

#### III. ELIGIBILITY

#### A. Requirements

Employees: Employees must have been employed by a System Institution or the Alabama Department of Postsecondary Education for at least 12 months prior to the first scheduled day of class for the term for which the employee is applying. Employee eligibility will remain in effect for the duration of their employment in The Alabama College System or the Alabama Department of Postsecondary Education.

## **B.** Termination of Eligibility

Employees: Eligibility terminates if the employee discontinues full-time or permanent part-time employment at the respective institution for any reason except on an approved leave of absence.

Dependents: Dependents will be ineligible when said employee becomes ineligible, except that dependents of any employee who has 25 years of more of continuous service in The Alabama College System or the Alabama Department of Postsecondary Education upon retirement from The Alabama College System or the Alabama Department of Postsecondary Education are eligible to participate in the program for a five-year period commencing with the date of the employee's retirement.

## IV. AMOUNT OF ASSISTANCE, LIMITATIONS, CONDITIONS, AND AUDITING

## A. Tuition Cost for Undergraduate Program

All eligible employees and their dependents will be allowed a waiver of one-third of the normally-charged tuition after the first year (full academic year or 12-month period) of employment; a waiver of two-thirds tuition after the second year of employment; and a waiver of full tuition after the third year of employment (partial tuition adjustments are to be rounded down to the nearest dollar). Salary Schedule H-30-35 employees will be allowed a waiver calculated at a prorated rate of full-time employment. Expenses for supplies, books, and fees other than tuition will not be waived. Each institution will be allowed to count the credit hours generated by these enrollees.

#### B. Limitation

There is no limitation as to the number of credit hours taken, other than the regular academic limitations that apply at the respective institutions. **NOTE**: In regards to classes taken at Athens State University a maximum of twelve (12) credit hours per semester is allowed for ACCS employees. The maximum waiver allowed will be calculated at the rate of \$167 per credit hour (the amount of traditional turitor rate per class at Athens State University on October 1, 2013).

All students will be required to abide by the academic policies that are in effect at the institution they are attending. Dependents: Dependents will be eligible when said employee is eligible, and to the same degree to which the employee is eligible, except as herein modified.

#### C. Conditions

To be eligible for tuition waiver, the student-employee or dependent must maintain at least a "C" (2.0 on a 4.0 scale) in the courses for which he/she receives tuition assistance. Failure of the student-employee or dependent to meet this grade requirement will result in the employee or dependent's having to pay tuition for courses taken until his/her average grade is "C" or better. The student-employee or dependent can then again be eligible when his/her cumulative grade point average is brought back up to the "C" requirement.

#### **D.** Auditing

The student-employee or dependent will be allowed to audit one course (up to five credit hours) per term at no cost.

The student-employee or dependent must meet all attendance requirements, class participation, and assignments as required of credit-enrolled students except the final examination is not required. Failure to comply with these requirements will result in the student-employee or dependent becoming ineligible for further participation as an audit student in credit hour-producing courses reported for funding purposes.

#### E. Repeating Class

Tuition costs for courses repeated will be the responsibility of the student-employee or dependent and consideration under the tuition assistance program will be disallowed. Tuition assistance will be disallowed for repeating a class for which the grade of "W" was originally received.

#### F. Records Transmittal

The student-employee or dependent must re-certify eligibility, as specified in Condition IV.C. above, prior to registering for a new term by providing verification of course completion to:

1. The Academic or Technical Dean at the institution of attendance; and/or

2. The Academic or Technical Dean at the institution of employment who will forward it to the President for the student-employee's or dependent's permanent file. Those not registering for the next term must, within twenty (20) days after course completion, present official documentation of course completion to:

1. The Academic or Technical Dean at the institution of attendance; and/or

2. The Academic or Technical Dean at the institution of employment who will forward it to the President for the reportee's permanent file.

## G. Work Week

Participation in this program is **in addition** to the employee's full-time work week, and should not be considered when computing the employee's time for financial compensation. However, in certain cases the employee's work schedule may be adjusted to permit course attendance. Adjustments to an employee's weekly work schedule must be recommended by the employee's supervisor and/or Dean, and approved by the President.

## V. TUITION ASSISTANCE AGREEMENT FOR ATHENS STATE UNIVERSITY GRADUATE COURSES

Eligible ACCS employees and dependents are allowed a waiver towards tuition for the graduate program as follows:

**Employee:** <sup>1</sup>/<sub>2</sub> tuition remission of graduate tuition for up to two courses per semester at Athens State University after completion of 3 years of continuous permanent full-time employment with any ACCS institution, including ATN, or the ACCS System Office. Employee will become eligible the semester following the date in which they meet the three year requirement. Permanent part-time employees, with 3 years of continuous employment, will be allowed a waiver calculated at a prorated rate of full-time employment.

Dependent: <sup>1</sup>/<sub>2</sub> tuition remission of graduate tuition for one graduate course at Athens State University per semester. The ACCS employee must meet the criteria of ACCS employee eligibility for graduate courses for their dependent, as defined above, to be eligible.