

<b>Employee Information:</b>			
Name (Last, First):		GEMS ID/Employee ID #:	Campus Phone:
College/Division/Department:		Email Address:	
<b>Dependent Child/Spouse/Domestic Partner Information:</b>			
Name:	Student U #:	Relationship Type:	Date of Birth:
Email Address:	Program of Study:		

List the course(s) with class times below for which you desire approval (maximum of six credit hours):

Term: \_\_\_\_\_ Year: 20\_\_\_\_

CRN #	Course #	Section #	Course Title	Credit Hours	Class Time

**PLEASE READ CAREFULLY:**

Subject to the policies of the University of South Florida, I request permission for my dependent, spouse or domestic partner to participate in the Tuition Remission Program for the above-described course(s), **up to six credit hours**. I understand by approving my dependent, spouse or domestic partner's use of this benefit that I will not be eligible to utilize this benefit for one academic year. I understand that only one eligible dependent, spouse or domestic partner may utilize the Dependent Tuition Remission benefit per academic year.

Once accepted, dependents will submit the requested courses for each semester to Central Human Resources. Refer to the Central Human Resources Web site for eligibility requirements, the semester eligible course list, and submit the Dependent Tuition Remission Semester Course Request Form no **later than the 4th day of the Semester by 5pm to Central Human Resources at [benefits@usf.edu](mailto:benefits@usf.edu).**

I understand that the Tuition Remission Program **ONLY** covers in-state tuition for eligible undergraduate courses, excluding all other fees associated with the course, and may impact Student Financial Aid for eligible dependent children, spouses and domestic partners. It is my responsibility to guarantee all tuition not covered by the Tuition Remission Program and fees are paid by the payment deadline for the term.

I understand that I, the USF employee, must remain employed in an eligible position through the end of the semester for my dependent, spouse or domestic partner to be covered by the Tuition Remission Program or I will be responsible for any tuition assessed.

**Tax Implications for Employer Provided Assistance**

*Waiver of Undergraduate Tuition* – The value of undergraduate tuition waived by USF on behalf of its employees is not taxable income pursuant to Internal Revenue Code Section 117.

*Domestic Partner Tax* – I acknowledge that a tuition waiver is taxable when given to a domestic partner and the applicable taxes associated with the value of the tuition waiver will be deducted from my paycheck, accordingly.

**EMPLOYEE CERTIFICATION**

My signature affirms that all information provided on this form is complete and true to the best of my knowledge, including the assignee named above is my spouse, domestic partner or dependent child.

\_\_\_\_\_  
*(Employee Signature)*

\_\_\_\_\_  
*(Date)*

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**DEPENDENT/SPOUSE/DOMESTIC PARTNER CERTIFICATION**

I certify that I am the dependent child, Spouse or Domestic Partner of the above Employee, that I am a duly admitted student and I approve the release of pertinent information that may be needed for the administration of this program to USF in accordance with FERPA regulations.

\_\_\_\_\_  
*(Dependent/Spouse/Domestic Partner Signature)*

\_\_\_\_\_  
*(Date)*

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**SUPERVISOR CERTIFICATION**

As the Supervisor of the employee named above, I certify that the employee is not in a probation status or currently reflecting a substandard evaluation. I also certify that the time used by the employee to attend the course(s) is in accordance with applicable USF regulations, policies and procedures.

\_\_\_\_\_  
*(Supervisor Name)*

\_\_\_\_\_  
*(Supervisor Signature)*

\_\_\_\_\_  
*(Date)*