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LINCOLN UNIVERSITY REQUEST FOR REMISSION OF TUITION BENEFITS

Remission of Tuition Benefit requests <u>must</u> be submitted to HR on or before the Add/Drop deadline for each semester.

Employee Information

Date:

	Date:
Employee's Name	
Employee's Signature	
Date of Hire	
Employee's Title	
Employee's Department	

Tuition Benefit Recipient

Tuition Recipient (check one)	□Self*	Dependent	
Name of Benefit Recipient (if dependent)			
Date of Birth of Recipient (if dependent)	mm/dd/year		
Benefit Recipient's Student ID #			
Previously Enrolled? (check one)	Yes	□No	
Semester (check one)	□Fall (year) □ Spring (year)	Summer (year)

• *A revised work schedule with supervisor's approval is required if the employee is covered under a CBA. Please attach document.

 Your signature verifies that the dependent lives in your household, is supported by you, and is not otherwise so profitably employed as to pay their own expenses.

 If dependent is a child (24 years old or younger and enrolled on a full-time basis) – proof of dependency and/or evidence of legal adoption are required. If dependent is a spouse – proof of marriage is required. All other dependents are subject to approval by Lincoln's University Office of Human Resources.

Course Selection- To be completed only if recipient is the employee

Course	Course	Credit	Hours of Class	Class Schedule						
Number	Title	Hours		Μ	Т	W	TH	F	ST	SN

Approvals required (in sequence)

 Supervisor Approval (Of scheduled course(s) indicated above and revised work schedule.) 	2. Human Resources Approval(Of benefit eligibility)
(Supervisor Signature)	(HR Signature)
Supervisor Name	Office of Human Resources
(Print Name) Date	(Print Name) Date

TAXABILITY OF GRADUATE TUITION REMISSION

Per IRS tax code, you will be taxed on a yearly basis on the value of your graduate coursework above \$5,250 per calendar year. Revised 8.31.2021 mmr/HR