|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  For course at UNC-Chapel Hill |  | [ ]  For course at another UNC System School:  |       |

Cashier's Office Only

**EMPLOYEE INFORMATION & CERTIFICATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |       |       |       | PID: |       | EID: |       |
| Last | First | Middle |  |  |
| Dept Name: |       |  | Work Phone: |       |
| CB#: | 7600 |  | Work E-mail: |       |
|  |  |  |  |  |  |
| **COURSE REGISTRATION**  | Completing this form will not enroll you in a course. Contact the Registrar's office at the appropriate school for information about the course registration process. |

**CERTIFICATION:** In order to participate in the Tuition Waiver program, I understand that I must be admitted to the appropriate University academic program, that I must be academically eligible for admission to the course, that **I must be a permanent employee scheduled for 30 hours or more per week** (3/4 time). I have read, understand, and will comply with the terms and conditions of the Tuition Waiver program, and I understand my application will not be approved if received after the last day to add/drop courses for the term. I understand that this program will waive tuition for no more than 3 courses per academic year as specified in the policy, and that I must apply for this benefit each term. Tuition Waivers at the UNC Institutions are subject to that institutions policies which may impact the courses eligible for waiver, whether space is available, and/or which fees, if any, can be waived. I understand that I am responsible for any additional costs the UNC Institution I am attending deem not covered by this program. Further, if there are any tax consequences resulting from this tuition waiver, I understand that the amount of the benefit will be reported as taxable and that UNC Health Care may withhold taxes from my pay. I understand that my attendance at lectures, meetings, or other activities associated with the course below will be, in fact, voluntary on my part and that no such attendance is or will be required by my supervisor or UNC Health Care. I hereby certify that I have completed this application fully and accurately to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature:  |  | Date: |  |

**COURSE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Term: | [ ]  Fall 20     | [ ]  Spring 20     | [ ]  Summer 20     (Support of summer sessions is determined by campus. Please check with your desired institution when making your academic plans.) |
|  | [ ]  Carolina Courses Online or [ ]  Self-Paced Course (through the Friday Center for Continuing Education) |
|  | [ ]  Other Distance Learning (Not through the Friday Center) – Start Date:       End Date:        |
| Course | Course ID  | Course Title | Credit Hours |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
|  |  |  |  |

**DEPARTMENT CERTIFICATION**

Enrollment in the requested course will not adversely affect employee’s normal employment obligations. If employee's work schedule has been adjusted to accommodate taking this course, I certify that the department's operations will not be adversely affected by the adjustment. Moreover, I will approve other such requests for Tuition Waiver for employees similarly situated, without regard to race, color, religion, sex, sexual orientation, national origin, disability, age, or Vietnam Era Veteran status as provided by Federal and/or State law and by UNC Health Care policy.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor's Signature: |  | Title: |  | Date: |  |

**Email Signed Form to** **UNC Health Human Resources** **at myHR@unchealth.unc.edu.**  IT IS THE EMPLOYEE’S RESPONSIBILITY TO TAKE THE COMPLETED FORM TO THE CASHIERS OFFICE FOR THEIR SCHOOL BEFORE THE CLASS STARTS. HR does not keep copies of this form received from employees.

**HUMAN RESOURCES VERIFICATION** [ ]  Eligible [ ]  Not Eligible [ ]  Full-Time [ ]  Part-Time

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Verifier's Signature: |  | Title: |  | Date: |  |

Signed forms should be returned to employee for forwarding to Cashier’s Office.

**DIRECTIONS FOR EMPLOYEES**

**Employees:** Upon receipt of signed form, please return to the Cashier’s Office located on the UNC system campus where the class is held. Forms for **Friday Center** classes must be returned to the Friday Center.