

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

PLEASE NOTE: Incomplete forms will be returned to the employee. To avoid being incorrectly billed, students should register BEFORE completing the form. Completed forms are to be submitted to the Office of Human Resources. The application must be submitted each semester in order for Human Resources to verify the recipient's employment status and job classification

Employee Information

Name: (Last) _____ (First) _____
 Banner ID: _____ Phone: _____ Campus: _____
 Department: _____ Title: _____

Employment Information (Minimum Criteria)

HR Review

Job Status: Active Retiree Dependent/Spouse of Deceased
Employment Status: Full-Time Part-Time & Percent
What semester are you registering for? Fall Spring Summer Year
Program of Study: Undergraduate Graduate
(Aviation, Dental, Law, Medicine and Pharmacy are excluded)
If you are a Term Employee, are you currently on an active contract? Yes No

Application for Tuition Waiver at (please select the school you will be attending):

Status Civil Service:	Chicago State University	Northeastern Illinois University	University of IL - Chicago
	Eastern Illinois University	Northern Illinois University	University of IL - Springfield
	Governor State University	So. Illinois University Carbondale	University of IL - U/C
	Illinois State University	So. Illinois University Edwardsville	Western Illinois University

All employees must have supervisory approval prior to registering for a class that meets during normal working hours. In the case of civil service employees, work time lost in attending classes may either be made up at a time mutually agreeable to the employee and supervisor or, with department approval, charged against the employee's accumulated vacation. Lunch hours, which are not considered basic work time, may be used as make-up time. In some instances, the Director of Human Resources may, to further the best interests of the university, require or authorize civil service employees to take courses during working hours. In such instances, the employees are not required to make up lost work time.

Administrative/Professional Staff & Faculty:

Southern Illinois University - Carbondale

Southern Illinois University - Edwardsville

Statement of Compliance

I certify that I am registered with the Selective Service

I certify that I am not required to register with the Selective Service because:

- I am female. I have not reached my 18th birthday. I was born before 1960.
- I am in the Armed Services on active duty. (NOTE: Does not apply to members of the Reserves and National Guard not on active duty.)
- I am an International student who entered the US after the age of 26.
- I am a citizen of the Federated States of Micronesia, or the Marshall islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

I have read and agree to abide by all university tuition waiver policies and guidelines. Tuition waiver polices can be found on the Human Resources website at <http://www.siu.edu/human-resources/benefits/programs-and-services/index.shtml>. I further declare that the application of this waiver serves as both official notification (unless denied) and my acceptance of this waiver. As a recipient of a tuition waiver award from Southern Illinois University, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect. The refusal to accept this agreement will result in a forfeit of the waiver

I declare under penalty of perjury that the foregoing information is true and correct. I also understand that the value of the tuition waiver for graduate course work over \$5, 250 annually may be reported as taxable wages on Form W-2 and subject to tax withholding.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

FOR HUMAN RESOURCES OFFICE USE ONLY

Approve Disapprove _____
 Signature of Authorized HR Personnel DATE: _____