

Employee Information

Employee Name: _____ Employee Status: ☐ Full-time ☐ Part-time*
 Employee ID #: _____ *Benefit will be prorated for part-time employees
 Date of Hire: _____ Employee Type: ☐ Staff ☐ Faculty ☐ Senior Management
 Email: _____ Employee Title: _____
 Department _____ Supervisor Name: _____

- Employees may apply for tuition remission after 3 full months of Benefits eligible employment.
- Employees may take up to 12 credits in a calendar year.
- Applications are due no later than the last day of add/drop.
 1. Complete entire form
 2. Obtain all necessary signatures, registrar's signature should be last
 3. Return form to Human Resources.

Course Information

School Selections:

- ☐ Arts, Humanities, Culture
- ☐ Business and Economics
- ☐ Science, Engineering & Technology
- ☐ Social Science & Social Policy
- ☐ Summer School Program
- ☐ Rabb GPS

Calendar Year:

Level: ☐ Undergraduate ☐ Graduate

Semester: ☐ Fall ☐ Spring ☐ Summer

Session: ☐ Session 1 ☐ Session 2

Please check sessions for Summer School Program

Course Title: _____

Meeting Times: _____

Course Credits: _____

Course # _____

Cost: _____

Instructor's Name: _____

Student ID# _____

Have you taken any courses at Brandeis within the current calendar year? ☐ Yes ☐ No

Are you currently matriculated in a Brandeis Degree Program? (check one) ☐ Yes ☐ No

Tuition Remission Taxation

Employee please check one: The course I selected is:

- ☐ An undergraduate level course and is exempt from taxation
- ☐ A graduate level job-related course. **My supervisor must complete the Graduate Tuition Remission Tax Waiver** questions below in order to apply for a tax exemption on my tuition benefit. I understand that this does not guarantee tax exemption, and if the course is found to NOT to be job-related, the amount of tuition remission is considered taxable and subject to Federal, State and FICA taxes.
- ☐ A graduate level, non-job-related course and will be taxed according to Federal, State and FICA taxes and regulations. I elect to have taxes deducted from my salary over _____ (#) paychecks. **(up to 6)**. I understand that if I drop the course after the designated add/drop period, tax withholding will still apply. Taxes must be deducted out of the current year. If you notify us of your intention to take a taxable course and there is limited time until December 31 of the current year, we reserve the right to change the number of paychecks to carry this deduction.

Supervisor Approval Tuition Tax Waiver (if applicable): Please answer both questions based on graduate level course, content and job responsibilities.

Does this course qualify the employee for new employment, trade or business? ☒ Yes ☐ No

Does the course maintain or improve the skills required by the employee's current job as supported by their job description? ☐ Yes ☐ No

The Federal and Massachusetts State governments mandate that any tuition remission received for graduate level courses that are NOT job related are subject to State, Federal and FICA taxation once the total amount of benefits exceeds \$5250 in a calendar year.

Signatures on next page

Signatures

Employee: I have read and understand the provisions of the Tuition Remission Program as described on the Human Resources website. I agree to notify the Benefits section in writing if I should drop my intended course at any time. I understand that I am responsible for any uncovered balance by the published semester due date.

I certify that the information on this application is correct and complete and I understand that it is subject to review by the internal revenue service. If the course so designated is found not to be job-related, the value of my tuition remission amount may be considered taxable income for which I owe income tax, FICA payments and or/late fees, interest and civil fines and I agree to assume responsibility for the amounts.

Employee Signature Date

Instructor Signature: Employees of Brandeis University may enroll in Brandeis courses on a seats-available basis only. Please sign here to indicate your agreement to have the above named employee enroll in the proposed class. **There is no signature required for Summer School.**

Instructor Signature Date

Registrar/Summer School Signature: The employee has been officially registered for the above listed course and is bound to the academic regulations and deadlines as stated in the Bulletin and Academic Calendar.

Registrar Signature Date

Supervisor: Please sign here to indicate your approval of your employee enrolling in a class at the dates and times stated below and confirmation of your answers regarding taxation and whether the course is job-related or not.

Supervisor Signature Date

For Internal Use Only

Course Cost \$ _____ % of Benefit _____ TR Amount \$ _____ Charge line: _____

Benefits Approval: _____ Date: _____