



# Employee Education Program (EEP) Form

NOTE: Only UK employees who are taking classes at UK should use this form

To submit: Preferred – Email to edubenefits@uky.edu. Alternative – Deliver in person to Scovell Hall or fax to 859-323-8494. If you have questions about this form, please call 859-257-8772 or email edubenefits@uky.edu. For more information, visit our website at www.uky.edu/hr/benefits/more-great-benefits/employee-family-education-program.

### EMPLOYEE INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_  
Employee ID # \_\_\_\_\_ Email address \_\_\_\_\_  
Phone \_\_\_\_\_ Please select one:  Faculty  Staff  CKMS  ESH

### ACADEMIC INFORMATION

Student ID # \_\_\_\_\_ Year \_\_\_\_\_  
**Academic term (only one per form)**  Fall  Winter  Spring  Summer I  Summer II  
**Level of study**  Graduate  Undergraduate

**(Graduate-level waivers in excess of \$5,250 per calendar year are subject to taxation.)**

### COURSE SCHEDULE

Course name	Course #	Section	Days course meets	Course time	Enrolled	Removed	Credit hours

Should any changes occur, such as adding or dropping a class, please submit an updated form. If enrolled in more than six credit hours, please refer to University Policy 51.1.1.2: "The maximum number of credit hours for which tuition will be waived shall be no more than eight (8) per semester (if attending UK), not to exceed two classes, with a maximum of eighteen (18) credit hours per academic year." (The increase of the maximum of six hours per semester applies only to UK employees taking classes at UK. It does not apply to any other college or university.)

Do any of your courses occur during work time?  Yes  No

**If yes**, please describe below how work hours will be made up, then acquire both signatures below. If your supervisor is your director, please have them sign both lines. **If no**, please proceed to employee signature.

Per HR Policy 51.0, "a regular, full-time employee shall be permitted, with prior administrative approval, to take only one (1) course for credit per semester (or combination of summer sessions) during the employee's normal working hours." The approved manner in which scheduled work hours will be made up is as follows:

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Director signature \_\_\_\_\_ Date \_\_\_\_\_

I certify I am not applying for a waiver of more than six hours per semester (eight if attending UK) from this institution or a combination of institutions and that the information provided on this form is true and correct to the best of my knowledge. I have read and understand the University of Kentucky policy pertaining to the Employee Education Program and that **graduate-level tuition waiver amounts that exceed \$5,250 per calendar year are subject to taxation via payroll deduction.** Incomplete forms will not be processed. It is the responsibility of the employee to ensure forms are received in accordance with posted deadlines.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only (do not write in this section)**

Eligible hours \_\_\_\_\_ Person ID \_\_\_\_\_ Post # \_\_\_\_\_ Org unit # \_\_\_\_\_

Aid ID \_\_\_\_\_ Aid amount \_\_\_\_\_ Benefits rep signature \_\_\_\_\_ Date \_\_\_\_\_