

MONTCLAIR STATE UNIVERSITY  
DIVISION OF HUMAN RESOURCES

Tuition Waiver/Reimbursement Application for Employees

Applications for Tuition Waiver//Reimbursement are processed in accordance with provisions in the NJ State Agreements with the various bargaining units and Montclair State University policy. Waiver/Reimbursements are available only for fully matriculated employees that have been admitted into their program. Please refer to the provision in the Agreement that pertains to you, and the University policy on the University website located at <http://www.montclair.edu/HR/employeehandbook/policies/index.html>.

You will note that the criteria established by the Montclair State Board of Trustees requires that the tuition waiver/reimbursement request must be both relevant to the applicant's current job at the University and that the applicant's performance in his/ her job and the priority needs of the applicant's current job and work unit must be considered in the recommendation to approve the request. Therefore, IT IS THE RESPONSIBILITY OF THE APPLICANT TO append to this form a written statement setting forth how the request is relevant to his/her current job. IT IS THE RESPONSIBILITY OF THE SUPERVISOR AND THE DIVISIONAL VICE PRESIDENT TO confirm the relevance to the job; attest to the applicant's performance in his/her current job; and to affirm that the request is consistent with the priority needs of the applicant's current job and work unit. This responsibility will be demonstrated by the signatures of the supervisors and Divisional Vice Presidents on this form as support for or denial of a recommendation to the Vice President for Human Resources.

All applications MUST be submitted to the Division of Human Resources (CO-316) by the due date set forth immediately below.

**Application Due Date: Fall Semester - July 1 Spring Semester - December 1 Summer Sessions - April 1**

Employee Name: \_\_\_\_\_ Employee College Wide Identification # \_\_\_\_\_

Application Type: **Tuition Waiver** \_\_\_\_\_ **Tuition Reimbursement** \_\_\_\_\_ **Semester** \_\_\_\_\_

Classified (AFSCME, CWA, FOP/PBA, IFPTE) Employee: \_\_\_\_\_ Unclassified (AFT, Manager) Employee: \_\_\_\_\_

UNIT - AFT: \_\_\_\_\_ AFSCME: \_\_\_\_\_ CWA: \_\_\_\_\_ FOP/PBA: \_\_\_\_\_ IFPTE/195: \_\_\_\_\_ Manager: \_\_\_\_\_

**The following items MUST be submitted for all MA/MBA/PhD requests in order for this application to be considered:** 1) A current job description 2) A brief recommendation by a supervisor detailing course relevance to job. 3) A description of the courses for each course listed.

**Degree Type & Major:** \_\_\_\_\_ **Name of Institution:** \_\_\_\_\_

Are the courses for which you are applying in your degree program: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Credits Previously Waived/Reimbursed: \_\_\_\_\_

1. Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_ # Course Credits: \_\_\_\_\_  
Classes Meetings: Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

2. Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_ # Course Credits: \_\_\_\_\_  
Class Meeting(s): Day(s) \_\_\_\_\_ (Time) \_\_\_\_\_

3. Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_ # Course Credits: \_\_\_\_\_  
Class Meeting(s): Day(s) \_\_\_\_\_ (Time) \_\_\_\_\_

If class meetings are held during your regular work hours, indicate how this time will be made up, be specific:

\_\_\_\_\_

\_\_\_\_\_  
Employee/Applicant Name (Print) Date

\_\_\_\_\_  
Supervisor's Signature Date Recommend \_\_\_ Do Not Recommend \_\_\_

\_\_\_\_\_  
Divisional Vice President's Signature Date Recommend \_\_\_ Do Not Recommend \_\_\_

\_\_\_\_\_  
Vice President for Human Resources Date Approved \_\_\_ Not Approved \_\_\_

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Voucher # \_\_\_\_\_ Account to be charged: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Trans. Code: \_\_\_\_\_

Graduate tuition waiver benefits that exceed \$5,250 per year are subject to federal and state taxation. Information about taxation requirements can be found at [www.irs.gov](http://www.irs.gov). If your request meets these conditions, please complete the following questions:

**Employee:** Please answer the following questions to indicate whether the above course is job-related.

1. Is the course required to meet the minimum education requirements of my position? \_\_\_Yes \_\_\_ No
2. Is the course part of a program of study that will qualify me for a new trade or business? \_\_\_Yes \_\_\_No
3. Will the course help me maintain or improve skills in my current position? If “Yes”, please attach separate justification. \_\_\_Yes \_\_\_No
4. Is the course required as a condition to retain my current position or pay rate? \_\_\_Yes \_\_\_ No

By signing below, I certify that I have answered the above questions accurately. I understand that if the course is found not to be job-related, I may have to pay taxes on the value of the course. If the value of the course is taxable, I also understand that I may owe income tax, FICA payments, and/or penalties and interest, and I agree to assume responsibility for paying these amounts.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Dept. Head Certification

\_\_\_\_\_  
Date