

FACULTY/STAFF EMPLOYEE INFORMATION			
Name:		A#: (if applicable)	
Department:		Job Title:	
Classification:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Retiree <input type="checkbox"/> Deceased Employee Dependent	Contact Phone Number:	
Term: <input type="checkbox"/> Summer	Academic Award Year _____		<input type="checkbox"/> Revised Application
*TUITION ASSISTANCE CAN ONLY BE USED FOR A UAH COURSE(S) THAT ARE TAKEN FOR SEMESTER HOUR CREDIT. DOES NOT COVER COURSES TAKEN FOR AUDIT.			
DEPENDENT INFORMATION (PLEASE COMPLETE ONE APPLICATION PER DEPENDENT)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		A#:	
Name:		Date of Birth:	
Total Credit Hours:	Instructional Method: <input type="checkbox"/> Traditional <input type="checkbox"/> Online	Course Level: <input type="checkbox"/> UG <input type="checkbox"/> GR	
Is this student a tax dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student employed as a GRA, GTA or GAA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYEE/RETIREE CERTIFICATION			

I certify that I am an active regular full time or a retired faculty/staff employee of The University of Alabama in Huntsville and that I and/or my spouse and dependent children (under 26 years of age) are eligible for tuition assistance in accordance with University policy.

TAXATION OF BENEFITS

Education benefits received by University employees and/or dependents may be taxable to the employee. Those that are taxable are a spouse/child who is a GRADUATE student (taxation does not apply to qualified Teaching Assistants or Research Assistants) and a spouse/child who is NOT AN IRS TAX DEPENDENT of the eligible employee, per Section 152 of the Internal Revenue Code (IRC).

AFFIDAVIT

By signing this affidavit, I attest that I have read and understand the provisions of the Tuition Assistance policy of The University of Alabama in Huntsville. I understand that the benefits I receive under this policy may be subject to income and tax withholding, unless specifically excluded by the Internal Revenue Code. I understand that any taxes will be withheld from my payroll checks at the end of each semester in which a benefit was received. If applicable, I attest that my dependents are eligible to receive the educational benefit as described under the guidelines of the University policy and the information provided is true and accurate. I understand that the University may request additional documentation to support and verify my dependent's status as a tax dependent per Section 152 of the Internal Revenue Code for the purpose of determining if the benefit is taxable. The University may request additional documentation to support and verify a dependent's status. If it is determined that the information provided has been intentionally falsified, I may forfeit the educational benefit and be responsible for reimbursing the University for any amount paid in reliance on these representations. I agree to notify the Human Resources immediately of any change that affects me or my dependent's eligibility for the benefit or tax status.

Employee/Retiree Signature

Date

DO NOT FILL OUT BELOW THIS LINE (FOR OFFICIAL USE ONLY)

Human Resources: Your request for tuition assistance has been approved for: Fall Spring Summer

Human Resource Approval Signature

Date