Kentucky Community & Technical College System

Employee Initiated Development
Tuition Waiver Form

Name _____ **Date** _____

Social Security Number _____

College Where Employed _____

Semester (circle one) **Spring** **Summer** **Fall** **Year** _____

Course of study (circle one) **Graduate** **Undergraduate**

College or University Attending _____

Course Name, Number And Section Number	**Day and Time**	**Credit Hours**	**School Where Registered**	**Where Taken**

Will a course be taken during working hours? _____Yes _____No (NOTE: Only one course may be taken during normal working hours.) The approved manner in which I will make up scheduled working hours is as follows:_____
_____.

By participating in the Employee Education Program I give my permission for the college or university I attend to release the following information to my employer (Kentucky Community and Technical College System): the course(s) taken; classification of the course(s); and the specific amount of tuition waived. I understand that the above information is a reporting requirement of the program. I understand that I am limited to six (6) credit hours per semester from an institution or combination of institutions.

_____ _____
Employee signature Date Local HR signature Date

_____ _____
Supervisor signature Date KCTCS Benefits signature Date

11/01