



State Employee Tuition and Fees Exemption Request

FS 1009.265(1)

State employees are defined as full-time employees of the executive, legislative, and judicial branches of state government, except for persons employed by a state university. State Employees can receive tuition and fee waivers for up to six (6) credit hours per term on a "space-available" basis.

Fees Waived: In-state tuition and registration fees.

Eligibility Terms:

- Students are required to submit the State Employee Tuition Exemption Program Participation form and be approved.
- State employees are responsible for paying admission application fees.
- State employees must complete all admissions requirements, including the Application for Admission, placement testing, transcripts, etc. prior to registering for class(es).
- State employees must register after the drop period of each term.
- Registration is for classes on a space-available basis only and cannot occur prior to the last day of the drop period (no deferments, no reimbursements) for the semester the student is enrolling in.

Conditions:

- Tuition will be exempt for a maximum of six (6) credits, (lab fees are not covered). The tuition exempt is for college credit courses including post-secondary adult vocational courses (vocational credit); it does not apply to non-credit (continuing education) courses or adult education courses. Courses to which the fee exemption is to be applied must be indicated on the State Employee Tuition Exemption Program Participation form.
- Courses must be taken for a grade; they may not be taken as audits.
- State Employee Tuition Exemption Program Participation form verification must be assessed each term. If verification is not confirmed, the student will be responsible for tuition and fees. Failure to do so will result in fees being assessed.
- The State employee must pay any fees not covered by the exemption.
- Receiving this exemption does not constitute classification as a Florida resident for tuition purposes and does not necessarily qualify you for such classification in the future.
- You must apply for this exemption every term before the posted residency documentation deadline at the Office of Enrollment Management, Admissions. Failure to do so will result in fees being assessed.

By signing this form, I understand and agree to the eligibility terms and conditions.

Student's Legal Name

Student ID #

Term

Student's Signature

Date Signed

For CFK Staff Only:

- Meets eligibility terms and collected all of the documentation.
- Submit a copy of the exemption to the Business Office.
- SOAHOLD: Create the appropriate "AD" holds. Registration code "SF".

Effective Term: _____ Date Completed: _____ Staff Initials: _____



STATE EMPLOYEE TUITION AND FEES EXEMPTION PROGRAM PARTICIPATION FORM

The College of the Florida Keys

By completing this form you are requesting agency approval to participate in this program. You will still need to complete the appropriate forms of the school you are attending.

Name _____
 Agency _____ Phone # _____
 Division _____ Bureau _____
 Address _____ City _____
 State _____ Zip Code _____
 Email Address _____

I am requesting a waiver for _____ Fall _____ Spring _____ Summer Year _____

Date of first day of classes (if known) _____

Name of Courses: List the course number, title and the number of credit hours				
	Course ID	Please list up to 4 courses, 2 preferred, 2 alternate	Credits	Costs/Value per credit hour
<u>Preferred</u>				
<u>Preferred</u>				
<u>Alternate</u>				
<u>Alternate</u>				
Total Costs/Value:				

Section 127, Internal Revenue Code, permits employers to offer undergraduate and graduate education benefits to employees on a tax-free basis, up to \$5,250 per calendar year. If the annual value of the state employee fee waivers exceeds \$5,250, then the excess will be reported to State Payrolls as taxable income.

I, the undersigned, acknowledge the following:

- My waiver of tuition and fees will apply to no more than six credit hours per term.
- I must register for classes during the State Employee registration period prescribed by the state university or Florida College System Institution that I plan to attend.
- All other charges/fees are my responsibility.
- My ability to secure the courses I request depends on space availability.

NOTE: Participating employees should be aware that the school at which you apply may require you to provide your social security number to verify employment.

 Employee Signature _____
 Date

Agency Authorization

I authorize the above named employee to participate in the State Employee Tuition Exemption Program. I also certify that the above-named employee holds an established authorized position with a full time equivalency (FTE).

Supervisor's name (please print) _____

Supervisor's Signature _____ Title _____ Date _____

Agency Head or designee (please print) _____

Agency Head or designee Signature _____ Title _____

Phone # _____ Date _____