

EMPLOYEE TUITION REMISSION BENEFIT

Employee/Retiree Name: _____

Home Phone Number: () _____ - _____ UNM ID Number (Required): _____

Department: _____ Work Phone Number: () _____ - _____

Email Address: _____

Employment Status: Faculty/Staff Retiree Session: Year ____ Fall Spring Summer

Note: Tuition Remission is applicable to regular employees with .5 FTE or greater.

I. THIS SECTION FOR EMPLOYEE OR RETIREE

ACADEMIC:

Course CRN	Course ID e.g. SUBJ 100	Graduate Level Yes/No	Class Day/Time	Credit Hours

PROFESSIONAL DEVELOPMENT:

Course Title/Department Offering Course	Course # (if applicable)	Cost	Class Day/Time

HEALTH AND FITNESS (Health and Fitness courses are taxable):

Course Title/Department Offering Course	Course # (if applicable)	Cost	Class Day/Time

PERSONAL ENRICHMENT (Personal Enrichment courses are taxable):

Course Title/Department Offering Course	Course # (if applicable)	Cost	Class Day/Time

II. THIS SECTION FOR ADDITIONAL SPOUSE/DOMESTIC PARTNER BENEFIT

(Courses taken by spouses for graduate credit are taxable. All courses taken by domestic partners are taxable.)

SPOUSE/DOMESTIC PARTNER: Check one: Spouse Domestic Partner

Spouse/Domestic Partner Name (Required): _____

Spouse/Domestic Partner UNM ID Number (Required): _____

UNM ACADEMIC CREDIT COURSES ONLY:

Course Title	Graduate Level Yes/No	Course #	Class Day/Time	Credit Hours

III. SUPERVISORY APPROVAL

Supervisory approval is required if any of the following apply:

- A credit course taken during the employee's regular work schedule (approval is to authorize the absence from work and to approve an alternate work schedule); or
- A non-credit professional development course taken during the employee's work schedule that is related to the employee's job or a UNM job that the employee can reasonably aspire to (approval is to authorize absence from work and approve an alternate work schedule); or
- A non-credit health and fitness course taken during the employee's work schedule (approval is to authorize the absence from work and to approve an alternate work schedule).

Time off with pay is granted Time off is not granted

Time off is granted but must be made up as follows: _____

Supervisor: _____ Manager/Dept. Chair: _____

IV. EMPLOYEE CERTIFICATION

I certify that this request is within the maximum allowable benefit per semester as provided in the **"Education Benefits" Policy 3700, UBPPM** of no more than eight (8) credit hours in fall and spring semester, and no more than four (4) credit hours during summer. Approved health and fitness courses do not exceed the equivalence of resident, undergraduate tuition for two (2) credit hours per calendar year. Tuition rates can be viewed at: <http://www.unm.edu/~bursar/tuitionrates.html>.

I understand that I am responsible to repay all costs that exceed the maximum allowable benefit. If it is determined that tuition paid under this program exceeds the limits of this policy, the University will bill me for any excess tuition costs that have been paid. If the bill is not paid, UNM may collect any excess through payroll deductions. I certify that this request complies with the **"Education Benefits" Policy 3700, UBPPM** and that the information provided above is true.

I acknowledge that the value of tuition benefits for courses taken by the employee for person enrichment, courses taken by spouses for graduate credit, and all courses taken by domestic partners are considered taxable income to the employee and will be included as compensation on the employee's W-2 form filed with the IRS and subject to income tax withholding once per semester.

Employee: _____

Date (mm/dd/yy): _____