

Florida Gulf Coast University Employee Tuition Voucher

TO BE COMPLETED BY THE EMPLOYEE: *(Please type or print)*

Employee Name _____ UIN # _____
(Last) (First) (Middle Initial)

Work Phone # _____ Job Title _____ Department _____

Other User Name (if spouse/dependent) _____ Relationship _____ UIN # _____

Student #1 Name _____ **Semester Enrolled:** Fall 20____ Spring 20____ Summer 20 ____

Name of Course(s): Include:					
Reference #	Course #	Course Title	Class Time	Grading Option	Credit Hours

Student #2 Name: _____ **Semester Enrolled:** Fall 20____ Spring 20____ Summer 20 ____

Name of Course(s): Include:					
Reference #	Course #	Course Title	Class Time	Grading Option	Credit Hours

USE THIS CERTIFICATION WHEN ONLY THE EMPLOYEE IS TAKING COURSE

Eligibility:

I certify that I am a full-time FGCU employee. I understand that I may not attend FGCU courses during my established work schedule unless my supervisor has approved an alternate work schedule or my use of appropriate leave. I also acknowledge that I am responsible for any federal tax liability incurred as a result of this voucher and that I am aware the use of the Tuition Voucher may impact any Student Financial Aid I may be receiving.

(Signature of Employee)

(Date)

The **SUPERVISOR CERTIFIES** this employee is a full time employee and any conflict with the employee's established work schedule has been approved.

(Supervisor's Signature)

(Date)

USE THIS CERTIFICATION WHEN THE BENEFIT IS BEING USED BY AN ELIGIBLE DEPENDENT, OR COMBINATION.

Eligibility:

I certify that I am a full-time FGCU employee. I understand that I may not attend FGCU courses during my established work schedule unless my supervisor has approved an alternate work schedule or my use of appropriate leave. I acknowledge any person noted above as spouse/dependent meets the criteria set forth in this program and that I will produce any supporting documentation requested by FGCU. I also acknowledge that I am responsible for any federal tax liability incurred as a result of this voucher.

(Signature of Employee)

(Date)

The **SUPERVISOR CERTIFIES** this employee a full time employee and any conflict with the employee's established work schedule has been approved.

(Supervisor's Signature)

(Date)

Spouse/Dependent Child

I certify that I am the spouse or dependent child of the above Employee, that I am a duly admitted undergraduate degree seeking student, that I am aware the use of the Tuition Voucher may impact any Student Financial Aid I may be receiving, and I approve the release of pertinent information that may be needed for the administrative of this program to FGCU in accordance with FERPA regulations.

(Signature)

(Date)

GUIDELINES AND PROCEDURES FOR THE USE OF FGCU EMPLOYEE TUITION VOUCHER PROGRAM

- I. PURPOSE** - The University provides financial assistance for the ongoing education of eligible employees (faculty or staff), spouses of eligible employees, and dependent children of eligible employees. Its primary goals are to provide employees with the opportunity to broaden their own knowledge and to reduce the financial burden for family members who register for classes.

These guidelines contain the requirements and procedures for enrollment in credit courses at Florida Gulf Coast University using the Employee Tuition Voucher. This benefit includes full employer paid tuition and course related fees.

- II. AUTHORITY** - University policy and Sections 117(d), 127 and 132(d) of the Internal Revenue Code.

III. POLICY

1. Full time FGCU employees in a faculty, A&P or Support Personnel position and/or on approved leave with or without pay, are eligible to use the Tuition Voucher for up to six hours of credit coursework per semester at FGCU.
2. The employee may assign his or her Tuition Voucher benefit entitlement to a spouse or dependent child. The benefit may be assigned to a spouse or dependent child for degree seeking, undergraduate credit courses only.
3. Each employee is entitled to a Tuition Voucher benefit not to exceed a total of 6 credit hours, whether used by the employee, spouse or dependent child, or a combination of eligible users.
4. Dependent Child – For the purposes of this benefit, children are considered dependent if, at the time of class registration, they are unmarried, have not reached the age of 25, and are dependent on the eligible employee for more than half of their financial support.
5. Eligibility to utilize the Tuition Voucher benefit does not guarantee admission to FGCU, or to any specific program or course.
6. Upon request, an employee must produce any supporting documentation requested by FGCU to show that any person noted as spouse/dependent meets the criteria set forth in this program.
7. Employees may not attend courses during their established work schedule unless they have requested and been granted an alternative work schedule or appropriate use of leave from the supervisor.
8. Time spent traveling to and from the university during work hours must be covered by approved annual or compensatory leave or leave without pay.
9. Any individual, employee or dependent, receiving Student Financial Aid must notify the Student Financial Aid Office of their Tuition Voucher benefit.
10. The value of courses taken using the tuition voucher is not used to compute the employee's base rate of pay or regular rate of pay.
11. The employee is responsible for any tax liability arising from the use of this Tuition Voucher.
12. Although the University does not restrict employee enrollment in specific courses at this time, the University reserves the right to exempt specific courses from Tuition Voucher eligibility. For a list of exempted courses for a specific semester, contact the Office of the Registrar.

IV. PROCEDURES

When applying to use the Tuition Voucher, the employee must:

1. Complete an "Employee Tuition Voucher" form.
2. Have the form approved and signed by the appropriate supervisor.
3. Complete admissions and registration requirements for the user of the voucher.
4. Voucher user(s) must register for courses.
5. Any individual receiving Student Financial Aid must notify the Student Financial Aid Office of the use of a Tuition Voucher.
6. In the event the 6 hours are being split between more than one individual, only one form showing all users shall be prepared for submission to the Cashier's Office.
7. Submit the fully approved original copy of the Employee Tuition Voucher form to the Cashier's Office by the published last day to pay fees.

VI. DEPARTMENT RESPONSIBILITIES

1. The appropriate supervisor reviews the Employee Tuition Voucher form and certifies that the employee meets the full-time employment eligibility and that any conflict with the established work schedule has been approved.
2. Each department should encourage employees to develop knowledge, skills, and abilities that improve their work performance and the quality of public service.

VII. EMPLOYEE RESPONSIBILITIES

1. The employee is responsible for completing the Employee Tuition Voucher form, meeting the university's admissions and registration requirements for the user of the benefit, and ensuring compliance with all of the Policies and Procedures applicable to this program.
2. An employee must make arrangements with his or her supervisor for any necessary time off from work in connection with courses.
3. An employee, his/her spouse or dependent child using the voucher is not permitted to use university space, personnel, equipment or supplies, except that which is provided by the university as part of the course.
4. Upon request, an employee must produce any supporting documentation requested by FGCU to show that any person noted as spouse/dependent meets the criteria set forth in this program.