

## **Request for Employee Tuition Waiver**

Full-time and part-time regular employees and qualifying part-time faculty are eligible for tuition waiver in accordance with the Board of Trustees Policy and collective bargaining agreements. This waiver does not apply to mini-courses or other non-semester or non-credit course offerings except those identified in advance by the University. Courses that are offered by the Intensive English Institute program are covered by the benefit.

This form, when approved, grants a tuition waiver only. All fees other than tuition, except those waived by the Chief Administrative Officer of the University where enrolled, shall be paid by the participating individuals as a condition of enrollment. (see Collective bargaining unit) This form does not enroll the employee in the desired course(s). Enrollment is the employee's responsibility. This form must be completed before each semester begins (after enrollment) for which tuition waiver is required for courses which are audited.

Please refer to your <u>employee handbook</u> or <u>collective bargaining agreement</u> at and for more information on tuition waiver eligibility.

# Section 1: Employee completes section 1 and forwards it to supervisor for review and signature.

Request for tuition waiver is made in accordance with the provisions of the following: (Check one.)

Non-Represented	1	Colla	ctive Bargaining	Agraamant		
Staff  ☐ Faculty			ASCUM/COLT	☐ AFUM ☐ PATFA		
Name: Employment Status: □ Ty		me □ Fall □ Win  Campus of En  □UMF □UMN	nrollment	er AY applied for:	į	
Course #	Section #	Start Date	Time	Day(s) of Week	Credit Hours	
If the course meets outs during regularly schedu to use leave without pay over \$5,250, for the cal-	led work hours, sup y or annual leave. Su	ervisory <b>approval</b> i uch arrangements ar	s required. The emple subject to supervise	oyee must plan to m ory approval. Gradu	ake up the time or	
Employee's signature: _			Date:			
Section II: Supervisor of the	-	_			efits@maine.edu.	
Approved/Disapproved: Supervisor's Signature: _				Date:		

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**Contact Information:** Questions and/or completed forms should be directed to the UMS Employee Benefits Center, Fax: (207) 561-3454, Email: benefits@maine.edu, Tel: Toll-free (866) 269-9635 or Local (207) 973-3373, 65 Texas Avenue, Bangor ME 04401.

Please allow 10 business days for processing AFTER billing charges have been generated. You will be notified via email once the waiver has been processed. Please notify our office if a change in enrollment (add/drop) has occurred so that we can adjust the benefit.

# Campus Point of contacts:

#### Registrar:

- UMA-<u>Registrar</u>
- UMF-<u>Registrar</u> 778-7100
- UMFK-<u>Registrar</u> 834-7500
- UMM-<u>Student Records</u> 255-1223
- UM-Office of Student records 581-1288
- USM-Office of Registration 780-5230
- UMPI-<u>Registrar</u> 768-9540

#### Billing/Student Accounts:

- UMA-<u>Student Accounts</u> 621-3131
- UMF-Student Accounts 778-7100
- UMFK-Business Office 834-7605
- UMM-<u>Financial Aid Office</u> 255-1203
- UM-Bursar 581-1521
- USM-Student Financials 780-5250
- UMPI-Student Financials 768-9510

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