



STATE EMPLOYEE TUITION WAIVER PROGRAM PARTICIPATION FORM

Office of Enrollment Services
The College of the Florida Keys
5901 College Rd.
Key West, FL 33040
Email: admissions@cfk.edu

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 Tuition Waiver 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 _____