

Kentucky Community & Technical College System

Employee Initiated Development Tuition Waiver Form

Name _____ (circle one) Faculty or Staff

Social Security Number _____ Employee ID Number _____

College Where Employed _____

Semester (circle one) Spring Summer Fall Year _____

Course of study (circle one) Graduate Undergraduate

College or University Attending _____

Course Name, Number And Section Number	Day and Time	Credit Hours	School Where Registered	Where Taken
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Will a course be taken during working hours? ____ Yes ____ No (NOTE: Only one course may be taken during normal working hours.) The approved manner in which I will make up scheduled working hours is as follows: _____

By participating in the Employee Education Program I give my permission for the college or university I attend to release the following information to my employer (Kentucky Community and Technical College System): the course(s) taken; classification of the course(s); and the specific amount of tuition waived. I understand that the above information is a reporting requirement of the program. I understand that I am limited to six (6) credit hours per semester from an institution or combination of institutions.

Employee signature Date

Local HR signature Date

Supervisor signature Date

KCTCS Benefits signature Date

