HUMAN RESOURCES

REQUEST FOR EMPLOYEE TUITION REMISSION BENEFIT FOR UNM CONTINUING ED

Employee/Retiree Name: _____ **UNM ID Number (Required):** _____

Department: _____ **Email Address:** _____

Home Phone Number: (___) _____ - _____ Work Phone Number: (____) _____ - _____

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

Note: Tuition Remission is applicable to benefits-eligible employees as defined in section 2.1 of UAP 3700, "Education Benefits"

I. THIS SECTION FOR EMPLOYEE OR RETIREE PROFESSIONAL DEVELOPMENT (Professional Development courses above the IRS annual limit are taxable through payroll(s). This includes any Academic courses taken in the same semester.)

Course Title/Department Offering Course	Course #	Cost	Course Start Date & Class Day/Time

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

Course Title/Department Offering Course	Course #	Cost	Course Start Date & Class Day/Time

PERSONAL ENRICHMENT (Personal Enrichment courses are taxable through payroll(s)):

Course Title/Department Offering Course	Course #	Cost	Course Start Date & Class Day/Time

III. SUPERVISORY APPROVAL

- **Supervisory approval is required if any of the following apply:** A non-credit professional development course taken during the employee's regular work schedule that is related to the employee's job or a UNM job to which the employee may reasonably aspire (approval is to authorize absence from work and approve an alternate work schedule); or
- A non-credit personal enrichment or 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: Read and Initial each statement below:

_____I acknowledge that I have reviewed **UAP 3700, "Education Benefits"** and certify this request for Tuition Remission Benefit is within the maximum allowable benefit per semester as provided in the Policy.

_____I understand that I am responsible to repay all costs that exceed the maximum allowable benefit. I acknowledge that 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.

Tuition rates may be viewed at: https://bursar.unm.edu/tuition-and-fees/tuition-and-fee-rates.html

_____I acknowledge that the amount of tuition benefits for certain courses is considered taxable under current published IRS regulations. I understand that any taxable tuition benefit I receive will be added to my wages as taxable income and will be subject to income tax withholding.

_____Additionally, I understand that if the amount of tuition benefits I receive during the calendar year exceeds the published IRS maximum amount, the amount in excess of the IRS maximum will be added to my wages as taxable income and will be subject to income tax withholding.

_____I have reviewed the UNM Continuing Education cancellation policy for the course(s) that I am requesting the tuition remission benefit. I acknowledge that if I withdraw from the course(s), the tuition remission received for the course(s) may be non-refundable after registration and will remain a taxable benefit to me.

_____ I acknowledge that UNM policies may change or be updated from time to time and that I am responsible for reviewing all policies applicable to me in using this benefit

Information regarding the taxability of tuition remission may be viewed at: https://hr.unm.edu/docs/benefits/section-127-education-assistance-plan.pdf

I certify the information I provided above is complete and accurate.

Employee:_____ **Date (mm/dd/yy):** _____