



See page 2 for Instructions - Incomplete information will delay the process

NOTE: First year students (undergraduate or graduate) DO NOT submit until registration is complete. Please see page 2 for details.

Applicant Information

Date of Application: _____

Employee Name: _____

OHIO Email: _____

Employee OHIO ID#: _____

Student PID#: _____

Phone Number: _____

Employment Status:

Employee is: *Check all that apply*

- Full Time
- Part Time
- Military Science
- Retired – Effective _____
- Approved Leave
- Severance – Effective _____

Enrollment Information

Employee forms need to be filled out EACH semester.

Term Enrolled: *Check one*

Fall Academic Year: _____

Spring Academic Year: _____

Summer Academic Year: _____

Program Enrolled: _____

- Graduate
- Undergraduate

Course Title(s)	Meeting Time/ Days	Credit Hours
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Total Credit Hours: _____

Employee's Signature: _____

Printed Name: _____

Supervisor

The above employee is required to make up time away from the job: Yes No

Does the education maintain or improve skills for the current job? Yes No

Is this education needed to meet the minimum qualifications of the job? Yes No

Class is part of a program to qualify employee for a new trade or business? Yes No

Supervisor Signature: _____

Printed Name: _____

As supervisor, my signature signifies approval for the above request.

Department Head

This section only needs to be completed if the following apply:

The above employee is granted permission to be a full-time student: Yes No

(More than 11 Undergraduate hours, more than 8 Graduate hours)

The coursework is directly related to the employee's position and **general fees are being paid by the department.** Yes No

Department Account Number: _____

Entity Source Organization Activity Function

Department Head Signature: _____

Printed Name: _____

For office use ONLY

Benefit Amount _____ FTE _____ Org Number _____ General Fee _____

Instructions for completing the Employee Educational Benefits Request Form

- 1) Complete the request form thoroughly
 - a. **Applicant Information**
 - i. Employee ID # is required and can be found at <https://eelookup.ohio.edu/eelookup/eelookup>
 - ii. Student PID # is required and can be obtained by **THE STUDENT** in the following ways:
 1. The Student ID card
 2. MYOHIO page
 3. In person at the Registrar's Office with proper identification
 - b. **Enrollment Information**
 - i. Employees have to fill out the form **EACH** semester
 - ii. Check the semester in which you want the benefit applied
 - iii. Indicate Program Enrolled, if not in a program, put NO PROGRAM
 1. Certain programs are **not eligible for educational benefits**, to view a listing visit:
<https://www.ohio.edu/bursar/bursar-graduate-differential-rates/partner-programs>
 - iv. **CHECK** Graduate or Undergraduate (enrolled in both, check both boxes)
 - v. List courses and credit hours for each semester
 - vi. **Employee's Signature is required**
 - c. **Supervisor Section**
 - i. Employees are permitted to take **up to** eleven (11) undergraduate hours or eight (8) graduate hours per term with approval of the supervisor
 - ii. Supervisor **MUST** answer questions to determine if time away from work must be made up, and to determine whether graduate benefits for employees meets the working condition fringe benefit exclusion. Some graduate tuition benefits may be taxable if the working condition exclusion is not met and the benefit is greater than \$5,250 in a calendar year. I.R.S code section 132(d) states the exclusion may apply for classes that improve current job skills, not be taken to meet minimum requirements of employee's current position, and not prepare the employee for a different career. (An example of a different career would an HR employee pursuing a graduate level medical degree).
 - d. **Department Head Section**
 - i. An Employee wishing to take **more** than 11 undergraduate or 8 graduate hours per term must get permission from his/her Departmental Head
 - ii. General Fee waiver may be granted for course work which is directly related to the employee's current position, and is only granted on a course by course basis, not for an entire degree program
 - iii. **The Department Head's signature is required**
 - iv. Account number will be required to process if the general fee is to be paid by the department
- 2) Timely submission of this form can ensure correct billing
 - a. **PLEASE NOTE** – Accounts will not be created until registration of the first class is complete for the following:
 - i. First Year Students
 - ii. Graduate Students who have not yet been accepted and have not yet registered

(Please submit form once registration is complete, subsequent years/terms forms can be submitted prior to term starting).

Information Regarding the Educational Benefits Program

- 1) Detailed information regarding the educational benefit can be found at <https://www.ohio.edu/hr/benefits/educational-benefits>:
 - a. **Eligibility**
 - b. **How to Apply**
 - c. **Fees & Taxation**
 - d. **Hocking College and Zanesville**
- 2) The Educational Benefits Request Form is **updated each year** per IRS regulations, and will be available each **April**
- 3) Credits will be applied to the student's account automatically each semester and will adjust according to the number of hours enrolled
- 4) There are programs that have higher fees than that of regular programs. Be aware that Educational Benefits are limited to that of regular programs. If you have specific questions regarding the amounts covered for these programs contact the program sponsor
- 5) For further information, see [Policy 40.015](#)

Please return this form and direct questions to:

Ohio University Human Resources, Attn: Educational Benefits, 160 West Union Street, Suite 276,
Athens, OH 45701, T: (740) 593-1636, F: (740) 597-1337, *Email: uhr@ohio.edu

*** Emailed (scanned)/faxed forms do require appropriate signatures AND do not require hard copy.**