



# Employee Educational Benefit Program Request

Select Term      Enter Year

Semester of Benefit Request

## SECTION 1: Employee Request

A.

Last Name
First Name, MI
Banner Number
EMPL ID (PeopleSoft)

### B. Employee Please Initial:

- I understand that to be eligible for the EEB, I must currently be benefits eligible and employed in a benefits eligible position for a minimum of 6 consecutive months prior to the first day of classes. If my employment status changes during the semester, the EEB may be revoked.
- I understand I must meet successful completion standards for all credit hours requested. If I do not meet these standards the EEB may be revoked. ([Refer to website](#))
- I understand I will be responsible for payment of fees and/or tuition not covered by the EEB, or all fees incurred if EEB is revoked. I understand all payments must be received by the payment deadline.
- I understand under this program, educational assistance is not included in my gross income up to a maximum benefit of \$5,250 annually. Benefits under this program that exceed \$5,250 annually will be reported on Form W-2 and are subject to the usual employment taxes.
- I understand that the EEB only allows for a total of 12 credit hours per academic year beginning Fall Semester and ending Summer Semester. Any unused credits cannot be carried over.

C. **\*I am requesting to enroll in courses that occur during normal working hours. The classes and times that occur during normal working hours are:**

D. Degree Program  Requested Credit Hours

If non-degree, list class titles

E. Employee Signature  Date

(can be digitally signed)

## SECTION 2: Supervisor Approval for Degree Program

I agree the requested degree program or classes (if non-degree is being pursued) are related to the duties or prospective duties this employee is currently performing or are duties of a position to which this employee could reasonably be promoted. The education received will allow the employee to (a) prepare for technological or legal developments, (b) increase work capabilities, or (c) increase the competence of the employee. *This criteria must be met for the degree program in which the employee is seeking the EEB, regardless of when the courses are scheduled.*

Supervisor Signature

Print

Date

## SECTION 3: Supervisor Approval for Enrollment During Normal Working Hours (for Fall and Spring semesters only)

- I approve the employee's request to enroll in the classes listed in the above section\* that occur during normal business hours. These classes will not take up more than three (3) hours a week and occur during Fall and Spring semester.

Supervisor Signature

Print

Date

- I deny the employee's request to enroll in the classes listed in the above section\* that occur during normal business hours.

Supervisor Signature

Print

Date

**EEB requests should be submitted for approval no earlier than 30 days prior to the first day of classes for the requested semester. Submit completed/signed form to Financial Aid no later than the [census date](#) of the requested semester.**

## SECTION 4: PEOPLE EXCELLENCE VERIFICATION - Needed prior to submitting form to Financial Aid | Email copy to HR@utsa.edu

I have verified that the employee is currently benefits eligible and will have been so for 6 consecutive months as of the first day of class for the requested semester.

HR Representative Signature

Print

Date