

Tuition Benefit Request for <u>DEPENDENTS</u> of R.O.T.C., Retired, Disabled or Deceased Employees

ELIGIBILITY REQUIREMENTS: This tuition benefit is available to spouses and dependent children of eligible retired, disabled or deceased employees as well as staff for the R.O.T.C. program. For more detailed eligibility information, please see the Tuition Benefits Policy which is available online in the University Policy Register (3342-6-24) or from the Benefits Office.

A request form must be completed for each student to establish initial eligibility. The form must be signed by the department head and submitted to the Benefits office within 30 days of the start of the semester. Once eligibility is established, the tuition waiver benefit will continue until eligibility ends. *Initial requests cannot be processed until the student is officially admitted to the University and is eligible to take classes.*

PLEASE NOTE: *Tuition benefits used for graduate course work for dependents are subject to federal, state, and local taxes. Please see page two for detailed information relating to taxes.*

Name of Student To Receive This Tuition Benefit:

| last | first | middle | | |
|---|--------------|-------------------------|----------------|-----------------------|
| Student Social Security Number | & Banner ID: | Student's Date of Birth | | |
| Relationship to Employee: | Spouse Daug | ghter 🗌 Son 🗌 | Step- daughter | (mm/dd/yyyy) Step-son |
| Sponsoring Employee Name | | | | |
| | last | first | midd | le |
| Date Of Hire: | Employee | 's Social Security No: | | |
| Employee Address: | | | | |
| street | | city | | state zip |
| Employee Department | | Campus Phone: | | |
| Status: R.O.T.C. | Disabled | Deceased | Retired | |
| I certify that I am an eligible R.C above named spouse/child, a dep | | | | |
| Year : | 🗌 Fall | Spring | Summer | c |
| Employee's Signature | | Date | | |
| Department Head Signature | Date | Department Account No. | | |
| Date processed: BANNE | ER | WORKFLOW | | |

This form should be returned to the University Benefits Office at Heer Hall - Kent Campus

INTER-DEPARTMENTAL CORRESPONDENCE

Kent State University Kent, Ohio

TO: All Faculty and Staff

FROM: Payroll Department

SUBJECT: Fee Waiver Taxability Reminder

In order to facilitate your personal financial planning, please be advised that if your spouse and/or dependent(s) are going to receive a fee waiver benefit for graduate level education, we are required to withhold federal income taxes accordingly. Additional taxes will be withheld on the following pays:

FACULTY AND ADMINISTRATIVE

The withholding for Summer I, II, and III will be reflected in your taxes with the pays of **August** and **September**. Fall fee waiver taxes will be withheld in **November** and **December**. Spring fee waiver taxes will be withheld in **April** and **May**.

HOURLY

The additional withholding for Summer I, II, and III will be reflected in your taxes with all payrolls in **August** and **September**. Fall fee waiver taxes will be withheld with all payrolls in **November** and **December**. Spring fee waiver taxes will be withheld with all payrolls in **April** and **May**.

Please mark your calendars accordingly. Should you have any questions, please don't hesitate to call us at extension 28640.