



Employee Education Program (EEP) Form

To submit: Preferred – Email to edubenefits@uky.edu or fax to 859-323-8494.
If you have questions about this form, please call 859-257-8772 or email edubenefits@uky.edu.
For more information, visit our website at hr.uky.edu/benefits/tuition-assistance-programs.

Amended

EMPLOYEE INFORMATION

Last name _____ First name _____
Employee/Student ID # _____ Email address _____
Phone _____ Please select one: UK CKMS ESH KCTCS

ACADEMIC INFORMATION

Year _____
Academic term (only one per form) Fall Winter Spring Summer
Level of study Graduate Undergraduate
(Graduate-level waivers in excess of \$5,250 per calendar year are subject to taxation.)

COURSE SCHEDULE

Course name	Course #	Section	Days course meets	Course time	Enrolled	Removed	Credit hours

Should any changes occur, such as adding or dropping a class, please submit an updated form. If enrolled in more than six credit hours, please refer to University Policy 51.1.1.2: "The maximum number of credit hours for which tuition will be waived shall be no more than eight (8) per semester, not to exceed two classes, with a maximum of eighteen (18) credit hours per academic year."

Do any of your courses occur during work time? Yes No

If yes, provide your supervisor with proposed work schedule and acquire supervisor signature below. **If no,** please proceed to employee signature.

Per HR Policy 51.0, "a regular, full-time employee shall be permitted, with prior administrative approval, to take only one (1) course for credit per semester (or combination of summer sessions) during the employee's normal working hours." The approved manner in which scheduled work hours will be made up is as follows:

Supervisor signature _____ Date _____

I have read and understand the University of Kentucky policy pertaining to the Employee Education Program and that graduate-level tuition waiver amounts that exceed \$5,250 per calendar year are subject to taxation via payroll deduction. Incomplete forms will not be processed. It is the responsibility of the employee to ensure forms are received in accordance with posted deadlines.

Employee signature _____ Date _____

Office use only (do not write in this section)			
Eligible hours _____	Person ID _____	Post # _____	Org unit # _____
Aid ID _____	Aid amount _____	Benefits rep signature _____	Date _____