

Tuition Benefit Request for R.O.T.C, Retired or Disabled **EMPLOYEES**

ELIGIBILITY REQUIREMENTS: This tuition benefit is available to R.O.T.C. staff and eligible retired and disabled employees. 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 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.*

NOTE: <u>Tuition benefits used for graduate course work may be subject to federal, state, and local taxes. Please see</u> page two for detailed information relating to taxes.

Employee Name:	last	first		middle		
Employee Address:	street		city	state	zip	
Employee Social Security No.:			Date of Hire:			
Department In Whic	h You Are Employed					
Status:	R.O.T.C.	Retiree	Disabled			
	n eligible R.O.T.C. emetits for the following s	ployee or retired or disa emester.	abled full-time employ	ee of Kent S	State University	
Year	Fall	☐ Spring	Summ	er		
Employee/Retiree Signature			Date			
Department Head Signature		Date	Date Depar		tment Account Number	
Date processed:	BANNER	WO	RKELOW			

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 you are going to receive a fee waiver benefit for graduate level education over the allowable limits for tax-exempt fees, 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.