

Office of Human Resources ±Benefits  
MCW Graduate School Tuition Course Approval / Authorization Form

A full or partial tuition benefit may be available pursuant to Policy # HR.BN.130 to full time and full Professional Effort Faculty, Instructors, Post Doctoral Fellows and full time exempt and non-exempt Staff. Approval must be obtained to complete the registration process. Any tax liability, if applicable under IRS Code, is the responsibility of the employee.

This benefit is for Tuition ONLY. The maximum pre-tax benefit is determined by Section 127 of the Internal Revenue Code and will be offset by the Staff Tuition Reimbursement Policy for exempt and non-exempt Staff.

**\*FORM MUST BE SUBMITTED PRIOR TO COMPLETION OF REGISTRATION\***

**Section 1 Course Approval**

(Please Print)

Name: \_\_\_\_\_  
Employee ID Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employee Status (circle): Full Time or Full Professional Effort  
Name of Degree (if applicable): \_\_\_\_\_

Course Number and Title: \_\_\_\_\_  
Number of Credits/Cost of course: \_\_\_\_\_ / \_\_\_\_\_  
Dates of Course: from \_\_\_\_\_ to \_\_\_\_\_  
Time of Day: from \_\_\_\_\_ to \_\_\_\_\_

Course Number and Title: \_\_\_\_\_  
Number of Credits/Cost of course: \_\_\_\_\_ / \_\_\_\_\_  
Dates of Course: from \_\_\_\_\_ to \_\_\_\_\_  
Time of Day: from \_\_\_\_\_ to \_\_\_\_\_

Section 2 Office of Human Resources/Benefits Approval

Staff Tuition (Policy HR.BN.100)

MCW Graduate School Benefit (Policy # HR.BN.140)

Approved (subject to reimbursement caps)  
Amount Approved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Benefits Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Benefits Manager Signature

\_\_\_\_\_  
Date

Tax Determination:

Not Taxable through MCW

Taxable Amount \$ \_\_\_\_\_

(If the taxable amount is \$500 or less, the taxation will occur on one payroll: \_\_\_\_\_)

(Monthly Paid) Taxed on the following payrolls:  
\_\_\_\_\_

(Semi-Monthly Paid) Taxed on the following payrolls:  
\_\_\_\_\_

Taxable Benefit each payroll: \$ \_\_\_\_\_

\_\_\_\_\_  
Payroll/Tax Specialist Signature

\_\_\_\_\_  
Date