

Employee Educational Assistance Benefit Form Tuition Reduction Program

Application for:

____ New Mexico Highlands University

____ Luna Community College*

____ New Mexico State University *

*contact the Human Resources Department for Reciprocal Agreement information

☐ Fall ☐ Spring ☐ Summer Year: 20____

Employee Name: _____ Banner ID or SSN: _____

Department: _____ Extension: _____

Employment Status: Faculty ____ Staff ____ Retiree ____

Complete this section for all courses:

Code	Dept	Course #	Course Title	Credit Hours	Class Days	Class Time

Employee Certification:

I certify that the information provided is correct. I have read the Tuition Reduction Program policy, and I understand that the value of the benefit covered by the policy may be taxable.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Office Use Only

Approval: _____ Total Credit Hours: _____ Date: _____ FOAP: _____

Taxable: ____ Non-Taxable ____ Payroll Run: _____

Additional Information: _____