

Dependent Educational Assistance Benefit Form

Tuition Reduction Program

Applying for: Summer ___ Fall ___ Spring ___ Year: _____

EMPLOYEE INFORMATION:

Name: _____ Banner ID or SSN: _____

Department: _____ Telephone Number: _____

DEPENDENT INFORMATION

Name: _____ Banner ID: _____

Relationship to Employee: _____

Child's Date of Birth: _____ Age: _____ Marital Status Single ___ Married ___

Will you (or your ex-spouse) claim the dependent child on your income tax return during the calendar year in which the benefit is received? Yes ___ No ___

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

SPOUSE/DOMESTIC PARTNER INFORMATION

Spouse/Domestic Partner Name: _____ Banner ID or SSN: _____

Check one: Spouse ___ Domestic Partner ___ (contact Human Resources for additional paperwork)

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

EMPLOYEE CERTIFICATION

I certify that the information provided above is true and accurate. I understand that the value of the tuition reduction program may be taxable.

Signature of Employee: _____ Date: _____

For Office Use Only

Approval: _____ Date: _____ Taxable: ___ Non-Taxable ___ Payroll Run: _____

Additional Information: _____