



Dependent Educational Assistance Benefit Form Tuition Reduction Program

Semester Applying for (select only one): Fall Spring Summer Year: _____

EMPLOYEE INFORMATION:

Name: _____ Banner ID: _____

Department: _____ Telephone Number: _____

DEPENDENT INFORMATION

Dependent Name: _____ Banner ID: _____

Relationship to Employee: Spouse Domestic Partner (Affidavit Required Contact HR)

Child - Child's Date of Birth: _____ Age: _____ Child's 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 |
|------|------|----------|--------------|--------------|------------|------------|
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EMPLOYEE CERTIFICATION

I acknowledge that I have reviewed NMHU's Policies and Procedures Manual Policy 825, Employee Educational Assistance Tuition Reduction Program and certify this form is within the maximum allowable benefit per semester as provided in the policy. I understand that I am responsible to repay all costs that exceed the maximum allowable benefit. I acknowledge the University will bill me for any excess tuition costs that have been paid. I certify the information I provided above is complete and accurate.

Signature of Employee: _____ Date: _____

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|-------------------------------|-------------|-----------------------------------|---|
| For Office Use Only | | | |
| Approval: _____ | Date: _____ | Taxable: <input type="checkbox"/> | Non-Taxable <input type="checkbox"/> Payroll Run: _____ |
| Additional Information: _____ | | | |