

BAYLOR UNIVERSITY
APPLICATION FOR EDUCATIONAL ASSISTANCE

Please complete and return to:
BAYLOR UNIVERSITY – HUMAN RESOURCES OFFICE
ONE BEAR PLACE #97053 – CAMPUS
BU-PP 451A

Section I: Employee Information *(Please complete a form for the requested semester or academic year in which courses are planned to be taken):*

Date of Hire _____ Date of Application _____

Employee's Name _____

BU ID# _____ Birth Date _____

Permanent Mailing Address _____ Phone _____

Current Job Title _____

Current Work Schedule _____

Department _____ Department Phone _____

Supervisor _____

Educational Assistance Requested For: Fall Spring Summer Year _____

Institution Offering Course(s) _____

Tuition Cost _____ *(Provide Supporting Documentation for Courses Taken Outside of University)*

Title of Course(s) _____

Credit Hours Requested _____

Class Schedule _____

Is the course(s) part of an accredited degree program which you are seeking? If yes, please indicate what program.

If part of program, indicate what course(s) and/or credits already completed. _____

Section II: Business Justification

Please answer the following questions to assist in Business Justification and determination of potential taxability:

- 1) Is the education needed to meet the minimum educational requirements of your current job?
a. _____ Yes b. _____ No

- 2) Is the education required by Baylor University or by law to keep your present salary, status or job?
a. _____ Yes b. _____ No

- 3) Does the required education serve a bona fide business requirement of Baylor?
a. _____ Yes b. _____ No

If "Yes", please provide the bona fide business requirement: _____

4) Will this education maintain or improve your skills needed for your work?

a. _____ Yes b. _____ No

If "Yes", please explain: _____

5) Will you continue in your same position once you complete the course(s)?

a. _____ Yes b. _____ No

If "No", please explain: _____

6) Are you taking the course(s) to meet a minimum requirement for a promotion?

a. _____ Yes b. _____ No

If "Yes", please explain: _____

7) Will your job duties change significantly due to completion of the coursework?

a. _____ Yes b. _____ No

If "Yes", please explain: _____

Employee Certification – To be completed by the Employee

I have read and agree to the terms of the Baylor Educational Assistance Plan as laid out in the Plan document dated January 1, 2002 and as amended from time to time. I understand that tuition benefits for any courses that are determined by Baylor not to be qualifying work-related education, per IRS guidelines, will be included (when exceeding \$5,250) as taxable wages subject to withholding and reporting. Additionally, I agree to indemnify Baylor for any assessed taxes, penalties and interest should the IRS determine that the courses are not qualifying work related education contrary to Baylor's position and treatment of the courses.

Employee Signature

Date

Supervisor Certification – To be completed by the Supervisor

I certify that I am this employee's supervisor or department head, that this form is accurately completed, and that I have compared the description(s) of the course(s) listed above with the employee's job description and agree with the representations above.

Supervisor Signature

Date

Department Head Signature (if different)

Date

NOTE: Please use additional paper if necessary to provide additional explanation for any of the above questions.

Section III: For Office Use Only

Subsection 1 – For All Uses

Account Number: _____

Employee Eligibility Date: _____

Eligibility Approved for _____ credits

a. _____ Yes

b. _____ No

Subsection 2 – For Amounts Requested as Qualifying Work-Related Education (Exceeding the Educational Assistance Plan \$5,250 limit only)

Excess amount determined to be work-related: \$ _____

Human Resources Date

Tax Office (if reviewed) Date

Payroll Office Date