

MANAGEMENT CERTIFICATION

Undergraduate and Graduate Level Course(s) Above the \$5,250 Threshold
Job Related or Meets The "Working Condition Fringe Benefit" Exclusion

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ College of Employment: _____

Title Name & Code Number: _____ College of Enrollment: _____

Undergraduate Course
Name & Number: _____
Course Description: _____
How is it job related? _____

Graduate Course
Name & Number: _____
Course Description: _____
How is it job related? _____

Undergraduate Course
Name & Number: _____
Course Description: _____
How is it job related? _____

Graduate Course
Name & Number: _____
Course Description: _____
How is it job related? _____

I attest to the accuracy of all the information given.

Employee Signature & Date: _____

TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE:

Undergraduate Course
Name & Number: _____
Taxable []Yes []No
If not, how is it job related? _____

Graduate Course
Name & Number: _____
Taxable []Yes []No
If not, how is it job related? _____

If not, how does it meet the working condition exclusion? _____

If not, how does it meet the working condition exclusion? _____

Undergraduate Course
Name & Number: _____
Taxable []Yes []No
If not, how is it job related? _____

Graduate Course
Name & Number: _____
Taxable []Yes []No
If not, how is it job related? _____

If not, how does it meet the working condition exclusion? _____

If not, how does it meet the working condition exclusion? _____

Signature & Date: _____

Name & Title: _____
Designated Management Representative

TO BE COMPLETED BY COLLEGE OF EMPLOYMENT

Signature & Date: _____

Name & Title: _____
HR Director / Designee

TUITION WAIVER

SPRING _____
FALL _____
SUMMER _____

NAME: _____

SCHOOL: _____

GRAD _____ UNDERGRAD. _____

I request permission to take the following courses and agree to conform with established CUNY guidelines.

I am aware that I may not alter my work schedule in order to enroll in courses without prior written approval from my supervisor and the Personnel Officer. I recognize that my primary responsibility is the performance of full time duties to which I am assigned.

LIST ALL COURSES INCLUDING THOSE COMMENCING BEFORE OR ENDING AFTER NORMAL WORK DAY.

<u>SECTION#</u>	<u>DESCRIPTIVE TITLE</u>	<u>DAYS OF WEEK</u>	<u>TIME OF COURSE</u>	<u>CREDIT WEIGHT</u>
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- 1.
- 2.
- 3.
- 4.

(Continue on reverse if more space is needed)

Date

Employee Signature

Approval of supervisor Yes _____ No _____
Date _____

Dep. Chairperson or Supervisor Signature

Approval of Personnel Officer _____
Date

Personnel Officer

Deduct _____ from Annual Leave Balances
Posted _____
Waiver Letter sent _____

FAILURE TO COMPLETE AND SUBMIT THIS FORM PRIOR TO REGISTRATION FOR COURSES WILL RESULT IN YOU NOT BEING ISSUED A WAIVER FOR TUITION AND FEES LATER.

<u>Employee Category</u>	<u>Service Requirements</u>	<u>Course Type and Credit Limits</u>	<u>Summer Session</u>
Instructional Staff	1 year - undergraduate / none - graduate	Undergraduate - no limit / Graduate - 6 credits	no
Classified Managerial	1 year - undergraduate / none - graduate	Undergraduate - no limit / Graduate - 6 credits	no
Adjunct Teaching Titles	10 consecutive semesters	1 course - may be undergraduate or graduate	no
Gittleson Titles	6 months	Undergraduate - no limit / Graduate - 6 credits	yes - undergraduate only
Classified White Collar	1 year	Undergraduate - no limit / Graduate - 3 credits	yes - undergraduate only
Classified Blue collar	1 year	Undergraduate - no limit / Graduate - 3 credits	yes - undergraduate only
Skilled Trades	1 year	Undergraduate only - no limit	yes

REFERENCES

1. Board of Trustees Resolution, Cal No. 7, January 28, 1980
2. CUNY-PSC Agreement, Article 29
3. CUNY Non-instructional Clerical, Administrative, and Professional Employees Agreement, Article V
4. CUNY Custodial, Stores-stock, and Security Employees Agreement, Article V

B. College of Enrollment

Certification of enrollment

College: _____

(course name & number)

(course name & number)

Tuition Fee Total: \$ _____

Registrar / Designee Name

Registrar / Designee Signature

C. College of Employment HR Office

Reviewed by: _____
HR Director / Designee

Date

[] No Payroll Action Necessary

[] Forwarded to Payroll Office for Action

Date sent to Payroll Office

D. College of Employment Payroll Office

Signature of Payroll Officer / Designee

Date Processed

* Please forward the completed form to the HR Director at your College, who will forward to HR Director at College of Employment.