

Please return completed form to the Office of Human Resources (UC-0003).
Subject to late fee if completed form is submitted after the due date listed below.

TO BE COMPLETED BY EMPLOYEE: Please print

Request for _____ (academic year):

- Fall/Winter Terms – Form must be received in Human Resources by August 15th
- Fall Term Only – Form must be received in Human Resources by August 15th
- Winter Term Only – Form must be received in Human Resources by December 15th
- Spring Term Only – Form must be received in Human Resources by April 15th
- Summer Term Only – Form must be received in Human Resources by May 15th

Employee Surname _____ Given Name(s) _____ Employee ID # _____

Department: _____ Date of Hire: _____

Are you a Contract Lecturer Member/Continuing Lecturer Member: Yes No If so, what Level: _____

I am requesting the following course(s):

Course Code	Course Number	Section	Day(s) / Time(s) Offered
Example: Psyc	1100	YA	Tuesdays 7:00 – 10:00 PM

(Reason A): for interest only. I understand that the tuition waiver is *non-taxable*.
(Note: no employee will be authorized to take interest only courses during regular working hours)

(Reason B): primarily for the purpose of maintaining or upgrading work-related skills. I understand that the tuition waiver is *non-taxable*.
(Note: if the course is taken during regular working hours, time shall be made up through the use of earned vacation time subject to the authorization of the Supervisor and Chair/Director/Dean)

(Reason C): course is a pre-requisite for my job position. I understand that the tuition waiver is *non-taxable*.
(Note: time shall be made up if the course is taken during regular working hours through adjusting the regular work day subject to agreement with Supervisor and Chair/Director/Dean)

(For Reason B and C above: an additional 15 minutes will be applied to the commencement and conclusion of the scheduled class for which the employee must make up the time)

Provide details of the release arrangements for reasons B and C if the course(s) is taken during regular working hours. (To be completed by Supervisor)

I have read and understand the Lakehead University *Tuition Waiver – Staff and Faculty* policy located on the 'Policy' website and hereby agree with the terms and conditions under this policy. I verify the information provided above is correct. If the information provided is incorrect, I understand that I will be required to reimburse Lakehead University the full amount of the tuition waiver granted.

Signature of Employee _____ Date _____

Authorization for Reason A, B or C:

Supervisor Name (please print) _____ Signature _____ Date _____

Departmental Budget Code _____

Authorization for B or C only:

Chair/Director/Dean Name (please print) _____ Signature _____ Date _____

HUMAN RESOURCES APPROVAL: _____ FOR OFFICE USE ONLY

Pro-rated consideration due to new hire Contract/Continuing Lecturer Member status. Pro-rated Tuition Waiver Entitlement: \$ _____

Human Resources Officer Name (please print) _____ Signature _____ Date _____