

- FACULTY
- NON-EXEMPT
- STAFF EXEMPT

**EDUCATIONAL ASSISTANCE
 FEE WAIVER AUTHORIZATION AND INVOICE**

TO

PLEASE BILL

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
 Department of Human Resources
 910 Madison Avenue, Suite 722
 Memphis, TN 38163

SERVICES AUTHORIZED FOR:

NAME: _____ SS#: _____ GRAD: _____
 ACCOUNT #: _____ ACCOUNT NAME: _____ UNGRAD: _____

COURSE	COURSE TITLE	HOURS	AMOUNT AUTHORIZED (LEAVE BLANK)
ALTERNATE(S):		TOTALS	

This authorization is for registration at _____ For the _____ Quarter/semester, 20 _____ ONLY. This Authorization is for the course(s) named above. In the event there are changes in the course(s) described above, the supervisor must be informed and approval of the changes documented and mailed to Human Resources, Beale Bldg., 178 Walnut. The undersigned employee agrees to reimburse the Educational Assistance Account for failure to complete the course(s) or undocumented changes. In addition, the undersigned employee authorizes the school at which these courses are taken to provide to UT Human Resources a copy of their grades at the end of the session.

EMPLOYEE SIGNATURE _____ DATE _____ PHONE EXTENSION _____

EDUCATIONAL ASSISTANCE APPROVALS
 I certify the following as required by the Educational Assistance Policy, Personnel Policy and Procedure Manual, Section III, that the above employee is a regular full time employee or part-time (50% or greater), and is eligible to participate under the revised guidelines; and has made arrangements for satisfactory alteration of work schedule if necessary.

AUTHORIZATION IS HEREBY GRANTED FOR THE ABOVE COURSE(S) IF OFFERED AS SCHEDULED.

- 1) _____
(Approval of Supervisor if Applicable)
- 3) _____
(Signature of Approving Official)*
- 2) _____
(Approval of Dept. Chman. Or Dir.)
- 4) _____
(Budget Approval)

Date Signed _____

The Director of Human Resources is the approving official.