

EMPLOYEE SCHOLARSHIP PROGRAM - REQUEST AND APPROVAL FORM

Name: _____ Date: _____

Department: _____ Title: _____

Please indicate the external training opportunity (course, seminar, workshop, licensure, certification, etc.), date, and approximate program cost that you are interested in pursuing through the Employee Scholarship Program (attach additional sheets if necessary):

Name of Program: _____

Date: _____ Approximate Cost: _____

Please indicate how the program listed above will either enhance your current skill level/effectiveness or broaden your knowledge/skills for future job assignments and promotional opportunities:

TAXABILITY

Educational assistance benefits under this Plan, as reviewed and approved by the Associate Director for HR Compliance and Training, are generally not taxable up to a statutory maximum amount. The current maximum amount is \$2,500. Benefits in excess of the statutory limit generally are taxable and will be included on the employee’s W-2 for the current year in which such excess occurred. However, if the benefits qualify as a Working Condition Fringe, they may not be taxable to the Employee.

Please answer the following questions to ascertain whether the above courses may qualify as a Working Condition Fringe.

1. Is the course required to meet the minimum education requirements of your position?
 Yes No
2. Is the course part of a program of study that will qualify you for a new trade or business?
 Yes No
3. Will the course help you maintain or improve skills in your current position?
 Yes No
4. Is the course required as a condition to retain your current position or pay rate?
 Yes No

For the course to possibly qualify as a tax exempt Working Condition Fringe, the answers to the first two questions must be “No”, and the answer to either the third or fourth question must be “Yes”. Financial Services will use this information to help determine taxability.

By signing below, I certify that I have answered the above questions accurately. I understand that if the training opportunity is found not to be job-related, I may have to pay taxes on the value of the course. If the value of the training opportunity is taxable, I also understand that I may owe income tax, FICA payments, and/or penalties and interest, and I agree to assume responsibility for paying these amounts.

Employee's Signature

Date

SUPERVISOR APPROVAL

To the Supervisor: Please answer the following questions to indicate whether the above course is job-related.

1. Is the course required to meet the minimum education requirements of the employee's position? Yes No
2. Is the course part of a program of study that will qualify the employee for a new trade or business? Yes No
3. Will the course help the employee maintain or improve skills in his/her current position? Yes No
4. Is the course required as a condition for the employee to retain his/her current position or pay rate? Yes No

For the course to possibly qualify as a tax exempt job-related course, the answers to the first two questions must be "No", and the answer to either the third or fourth question must be "Yes". Human Resources will use this information to help determine taxability.

By signing below, I certify that I have answered the above questions accurately and that I approve of this employee pursuing the indicated training opportunity.

Supervisor's Signature

Date

Extension

Request Approved

Request Partially Approved

Request Denied

Value of Benefit \$ _____

Taxable Amount \$ _____

(Comments):

Assoc. Director for HR Compliance & Training: _____ **Date:** _____