

## **Graduate Level Course Job Related Designation Form**

Refer to instructions on bottom before con	npleting the form. Pleas	se print all in	nformation.
Name:	NUID:		
Department:			
Title:	Dept. Head:		
Course No. Course Name	Academic Term	Credit Hrs.	Dept. Head Approval
Based on the IRS regulations, your Deparrelated. If your Department Head determined related course listed above. If the course i course.	nes a course is job rela	ted, he/she	must sign to the right of each job
Instructions for Completion of Jo	bb Related Designa	ation For	n
This form is to be used by the department that the course(s) taken is job related and employee for new employment should not	should be excluded from	om taxation.	
The following guidelines must be followed	:		
Any course that allows the employed supported by his/her Position Content			
Any course that <u>maintains or improve</u> his/her PCD is to be considered job		y the emplo	yee's <i>current job</i> as supported by
After your Department Head has signed the Resources Management Office, 250 Co completed Tuition Waiver Form. The form Billing and Receivables Office will adjust to	lumbus Place or faxe will be forwarded direct	d to 617-37 otly to the Bi	<b>3-7610</b> along with your
Please make certain that you read and	sign the statement of	understan	ding.
Statement of Understanding			
I understand that the graduate level cours to review by the Internal Revenue Service a tax exemption on all job related courses value of my tuition remission amount will be FICA payments, and/or late fees, interest	<ul> <li>As an employee and</li> <li>If the course(s) so de be considered taxable i</li> </ul>	under the cosignated is	urrent tax legislation, I am allowed found not to be job related the
Employee's Signature		Date	e