



CUNY EMPLOYEE TUITION FEE WAIVER

(COLLEGE TO ATTEND)

(SEMESTER)

THIS WAIVER APPLIES ONLY TO TUITION FEES. NON-INSTRUCTIONAL FEES AND STUDENT ACTIVITY FEES ARE NOT WAIVED. THIS WAIVER IS VALID ONLY FOR THE SEMESTER INDICATED ABOVE, AT THE COLLEGE INDICATED ABOVE. PLEASE SEE REVERSE SIDE FOR SERVICE REQUIREMENTS, SUMMER SESSION APPLICABILITY, AND SUPERSCRIFT REFERENCE DOCUMENTS.

This is to certify that _____ is
currently employed at _____ College in the
title of _____, Title code # _____ and may be
considered for a tuition waiver as follows:

FULL-TIME INSTRUCTIONAL TITLES (Teaching and Non Teaching) ^(1,2)

_____ Undergraduate courses _____ Graduate courses (6 credits maximum)

ELIGIBLE ADJUNCT TITLES ⁽³⁾

_____ One (1) course, may be undergraduate or graduate

FULL-TIME CLASSIFIED TITLES (Civil Service)

Gittleston⁽⁴⁾: _____ Undergraduate courses _____ Graduate courses (6 credits maximum)

White Collar (Other than Gittleston)⁽⁴⁾. _____ Undergraduate courses only

Blue Collar (Custodial, Stores, and Security)⁽⁴⁾: _____ Undergraduate courses only

Skilled Trades (Section 220)⁽⁴⁾. _____ Undergraduate courses only

MOUNT SINAI SCHOOL OF MEDICINE ⁽³⁾

_____ Undergraduate courses only

Signature of Employee _____ Date _____ Address: _____

Employee Name: _____ SS#: _____

My signature provides consent for the disclosure of my class registration and attendance records at any unit of The City University of New York to university and college administrators responsible for my employment and work performance. The purpose of this disclosure is to ensure that my time and leave records accurately reflect those authorized classes attended during working hours. My signature also signifies my understanding that under Internal Revenue Code Sec 127, tuition assistance I receive is reportable as wages and subject to withholding if it is for non job-related graduate level courses.

A. College of Employment: _____

(College Personnel Officer/designee, signature) Date: _____

(Print Name and Title)

Employee category	Service Requirement	Course Type and Credit Limits	Summer Session
Instructional Staff	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 only - no limit	yes
Classified Blue collar	1 year	Undergraduate only - no limit	yes
Skilled Trades	1 year	Undergraduate only - no limit	yes
Mt. Sinai School of Medicine	1 year	Undergraduate only - no limit	yes

REFERENCES

1. Board of Higher Education Resolution, Cal No. 13, September 29, 1969
2. Board of Trustees Resolution, Cal No. 7, January 28, 1980
3. CUNY-PSC Agreement, Article 29
4. CUNY Non-instructional Clerical, Administrative, and Professional Employees Agreement, Article V
5. CUNY Custodial, Stores-stock, and Security Employees Agreement, Article V

B. College of Enrollment

Certification of graduate level
course enrollment: _____
College: _____

C. College of Employment Personnel Office

Reviewed by: _____

Personnel Director/Designee _____

Signature of Payroll Officer/Designee _____

College of Employment Payroll Office

(course name & number) _____

No Payroll Action Necessary

Date _____

Date Processed _____

(course name & number) _____

Forwarded to Payroll Office for Action

Registrar/designee Signature _____

Date _____

Print Name _____

Form OFSR 305 1/97 reverse

*Please forward to Personnel Director at your College, who will forward to Personnel Director at College of Employment.

TUITION WAIVER INFORMATION

Name _____ SS# _____

Title _____

Address _____

City, State, Zip _____

College Attending _____

Semester: Fall _____ Spring _____ Summer _____

Undergraduate _____ Graduate _____

Course Title _____ Course No. _____

Course meets _____ (days) from _____ to _____

Course Title _____ Course No. _____

Course meets _____ (days) from _____ to _____

Signature _____

Department _____ Tel. Ex. _____

Official Use Only

Date Submitted _____ Date Completed _____

Completed By _____

MANAGEMENT CERTIFICATION

Job-relatedness of Graduate Level Course(s)
Using the CUNY Employee Tuition Fee Waiver: Form OFSR 305

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ College of Employment: _____

Title Name & Code Number: _____

College of Enrollment: _____

Graduate Course Name & Number: _____

Description of Course: _____

How is it job related? _____

Graduate Course Name & Number: _____

Description of Course: _____

How is it job related? _____

TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE:

Graduate Course Name & Number: _____ Taxable
[]yes []No

If no, how is it job related? _____

Graduate Course Name & Number: _____ Taxable
[]yes []No

If no, how is it job related? _____

Signature & Date: _____

Name & Title: _____
Designated Management Representative

TO BE COMPLETED BY COLLEGE OF EMPLOYMENT

Signature & Date: _____
(Personnel Director/Designee)

Name & Title: _____



GRADUATE LEVEL COURSES ONLY

PLEASE READ BEFORE COMPLETING THE TUITION FEE WAIVER FORM(OFSR305)

Changes in the Internal Revenue Code Section 127(The Small Business Act of 1996)make tuition assistance reportable as wages and subject to withholding if the tuition assistance is for non-job related graduate level courses that lead to an academic or professional degree. This provision applies to those such courses that began after June 30, 1996.

NOTE: CUNY employees are hereby advised that graduate level courses in which they enroll using the CUNY Employee Tuition Fee Waiver: Form OFSR 305 may be reportable as wages and subject to withholding.

PROCEDURE FOR CUNY EMPLOYEES:

A. Obtain the CUNY Employee Tuition Fee Waiver (Form OFSR 305) from the Personnel Office of the college of employment. Failure to submit a completed Form OFSR 305 to the Personnel Office of the college of employment may result in the inclusion of the value of your tuition assistance as wages.

B. Submit the completed Form OFSR 305 to the registrar at the college of enrollment who will complete the registration certification portion of the waiver form. The Registrar will then forward a copy of the waiver form to the Personnel Director at the College of Enrollment.

C. The Personnel Director at the College of Enrollment will forward the form OFSR 305 to the Personnel Director of the College of Employment.

D. You must submit to the College of Employment evidence of enrollment (a bursar's receipt, and the course description which you must provide on the reverse side of this form) to ascertain whether the graduate level course is taxable. The management representative designated by your college will use the University Accounting Office guidelines to determine whether your graduate level course is job related.

E. If the course is determined to be non-job related within the Internal Revenue and University Accounting Office guidelines, the Personnel Director of the College of Employment will so advise the Payroll Office so that the actual dollar amount of the tuition fee that has been waived will then be reported as wages and be subject to tax withholding. The determination will be recorded on the reverse side of this form.

F. A copy of your certified Form OFSR 305 with a record of transmittal to Payroll will be kept on file at your College of Employment Personnel Office. You may request to obtain a copy for your records.

IF YOU ADD OR DELETE A GRADUATE LEVEL COURSE PLEASE SUBMIT THE APPROPRIATE DOCUMENTATION IMMEDIATELY TO YOUR COLLEGE OF EMPLOYMENT PERSONNEL OFFICE.

MANAGEMENT CERTIFICATION

Job-relatedness of Graduate Level Course(s)
Using the CUNY Employee Tuition Fee Waiver: Form OFSR 305

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ College of Employment: _____

Title Name & Code Number: _____

College of Enrollment: _____

Graduate Course Name & Number: _____

Description of Course: _____

How is it job related? _____

Graduate Course Name & Number: _____

Description of Course: _____

How is it job related? _____

TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE:

Graduate Course Name & Number: _____ Taxable
[]yes []No

If no, how is it job related? _____

Graduate Course Name & Number: _____ Taxable
[]yes []No

If no, how is it job related? _____

Signature & Date: _____

Name & Title: _____
Designated Management Representative

TO BE COMPLETED BY COLLEGE OF EMPLOYMENT

Signature & Date: _____
(Personnel Director/Designee)

Name & Title: _____