

Tuition Assistance — About Employee

To Be Completed By the Employee

Employee Name: _____

Person Number: _____

Phone Number: _____

Email Address: (use @buffalo.edu) _____

Negotiating Unit: _____

Campus Address: _____

For Semester/Year: _____

Graduate Course #: _____

Undergrad Course #: _____

Employee Signature

Date

To Be Completed By the Supervisor

Employee's Status (Select)

- ☐ 1.0 FTE
- ☐ .50 to .99 FTE

Employees whose status is less than 0.50 FTE are not eligible for this benefit

Course(s) Are: (Select)

- ☐ Job-Related: Specifically required to maintain salary, status or job; or directly support or improves skills required for current job responsibilities
- ☐ Not Job-Related: Working toward degree, for career development or for personal interest

Supervisor's Signature

Date

Supervisor's Name (Please Print)