

# Tuition Benefit for Myself or My Spouse/Partner

**YOU MUST SUBMIT THIS FORM BEFORE YOU BEGIN THE CLASS!**

Please check one of the following:

|  |  |
|--|--|
| I am a faculty/staff member attending a class at Vanderbilt University.                  |  |
| I am a faculty/staff member attending a class at another college or university.          |  |
| Name of college or university you are attending:   |  |
| Location of the college or university:   |  |
| This benefit is for my spouse/partner who is attending a class at Vanderbilt University. |  |
| Spouse/partner's full name:  |  |
| Last four digits of his/her SSN:   |  |

I am requesting the tuition benefit for the following academic period (**please select one only**):

| Check One                |        | Check One                |          | Academic Year |
|--------------------------|--------|--------------------------|----------|---------------|
| <input type="checkbox"/> | Fall   | <input type="checkbox"/> | Semester |               |
| <input type="checkbox"/> | Winter | <input type="checkbox"/> | Quarter  |               |
| <input type="checkbox"/> | Spring | <input type="checkbox"/> |          |               |
| <input type="checkbox"/> | Summer | <input type="checkbox"/> |          |               |

## Course Information (One course per semester/quarter)

|   |  |
|---|--|
| Course Number                               |  |
| Course Title                                |  |
| Credit Hours                                |  |
| Begin and End Dates (MM/DD/YY) – (MM/DD/YY) |  |

Please provide the following information:

|   |  |
|---|--|
| Name of the faculty/staff member requesting benefit:    |  |
| Your employee ID <b>and</b> last four digits of SSN:    |  |
| Name of your home department at Vanderbilt:             |  |
| Daytime telephone number (in case there is a question): |  |

**I understand this form must be completed prior to my class start date and that submitting this form does not guarantee reimbursement.**

|  |  |
|--|--|
| Faculty or staff member's signature and date |  |
|--|--|

The section below is for Payroll/ Processing

|              |             |             |
|--------------|-------------|-------------|
| Date of Hire | HR Review 1 | HR Review 2 |
|              |             |             |

## Is this course job-related? (per IRS guidelines)

Tuition Benefits which are determined to be taxable compensation by IRS guidelines are included on the staff member's IRS Form W-2. Applicable Federal taxes are withheld from the staff member's payroll check based on the amount of the taxable benefit received. Courses which are determined to be job related based on the information provided below are not taxable to the staff member. Courses which are not job-related are taxable to a staff member only after the benefit exceeds the IRS limit of \$5,250 in a calendar year.

### This section must be completed by your Department Supervisor.

**Note: This section (including the supervisor's signature) does not need to be completed if the benefit is being requested for a spouse or domestic partner.**

**Please answer YES or NO to each of the following questions.**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Is the education needed by the faculty or staff member to meet the minimum educational requirements of their current position?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the education part of a study program that can qualify the faculty or staff member for a new type of job or position, even if they don't plan to change their position? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the education required by Vanderbilt or by law to maintain the faculty or staff member's current salary, status, or position?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the education maintain or improve the skills of the faculty or staff member required in the performance of their current position?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

To the best of my knowledge and belief, the section above has been completed accurately.

| Supervisor Signature | Title | Date |
|----------------------|-------|------|
|                      |       |      |

| Return completed form to:   | Have a question? |
|---|------------------|
| Vanderbilt Payroll/ Processing Office<br>PMB 407718, 2301 Vanderbilt Place<br>Nashville, Tennessee 37240-7718 | 343-7000         |