

THE UNIVERSITY OF TENNESSEE EXTENSION SERVICE
Employee Request for Course Approval and Waiver of Fees

This form is used by **Tennessee Extension Service employees** to request approval to enroll in courses for credit at the University of Tennessee in accordance with the Educational Assistance (Fee Waiver) Policy No. 330. UT Extension employees may waive fees for up to 9 credits of course work per semester at a UT Campus. They may also waive fees for "one course per term" from any other state supported college or university. There is another form available at: <http://web.utk.edu/~rgwaters/> which **Extension employees** must use to waive fees at all other state supported schools.

INSTRUCTIONS: This form must reach the **UT Human Resources Office** at least 20 days prior to course registration to assure adequate time for processing. Please complete Sections I and II and forward to your County Director's Office ASAP and ask that they process it as soon as possible. Upon approval of the County Director, the form should be forwarded to the Regional Director, Dean, Office of Human Resources and finally, to Agricultural and Extension Education for final processing.

You will be charged pro rata fees if you: 1) Are employed less than 100% full-time, and/or 2) Register for hours in excess of the fee waiver benefit.

NOTE: You will be responsible for payment of late fees if this form is not submitted by the payment due date.

I. EMPLOYEE - Please complete this section as applicable and forward to your County Extension Director.

Employee Name (please print) Personnel No. SSN Office Address Office Phone No.

Distributions:

Department	Cost Center/WBS	Percent of Effort
Department	Cost Center/WBS	Percent of Effort
Department	Cost Center/WBS	Percent of Effort

I hereby request approval for waiver of _____ (may not exceed 9) hours of credit during the _____
(number) semester _____ at the _____ Campus. (Sum/Fall/Spr)
(year)

Employee Signature: _____ Date: _____

Retired from UT _____ on _____ with 10 or more years of full-time/part-time _____
service. If part-time, provide percent of effort: _____

II. COUNTY EXTENSION DIRECTOR - Please complete this section and forward to the office of the Regional Extension Director.

I approve this request. Satisfactory work schedule arrangements have been made to ensure that this employee will complete a full work schedule based on his/her percent full-time.

Approved: _____ Date: _____

III. REGIONAL EXTENSION DIRECTOR - Please complete this section and forward to the office of the Dean of Extension.

Approved: _____ Date: _____

IV. DEAN OF EXTENSION - Please complete this section and forward to the UT Human Resources Department at Suite 224 Conference Center Bldg - 600 Henley Street - Knoxville, TN 37996.

Approved: _____ Date: _____

V. HUMAN RESOURCES - Complete this section and forward to Agricultural and Extension Education in 325 Morgan Hall for final processing.

Regular Continuous Service Date: _____ Job Class: _____ Percent Full-Time: _____

Approved: _____ Date: _____

VI. AGRICULTURAL AND EXTENSION EDUCATION - If this form is for approval to attend classes at the Knoxville Campus, copy for student file and send original to the Bursar's Office. If it is for approval to attend a course at another UT Campus, return the form to the student to properly process at that campus.