

EMPLOYEE AUTHORIZATION FOR FLORIDA SOUTHWESTERN STATE COLLEGE TUITION SCHOLARSHIP

All employees taking classes <u>must obtain their supervisor's signature on this form</u>. It is the supervisor's responsibility to ensure that the employee is not being placed in a position where there may be a conflict of interest (i.e. proctoring exams, handling evaluations, signing off on paperwork of faculty from whom they are taking classes, etc.) and to make appropriate adjustments to prevent such conflict. <u>Copy of class registration must be attached.</u>

THIS REQUEST MUST BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES FOR APPROVAL

Employee'	s Name (PLI	EASE PRINT)	@_ En	nployee's E	Banner #	Date	
Employee's	E-mail Addre	ess	Employee's	work schee	dule:		
Employee is	s: 🗖 Full-	time Regular Employ	vee 🗆	Part-time I	Regular Employe	ee	
Are these classes scheduled during employee's normal work hours?							
School Year 20/							
□ Fall	□ Spring	□ Summer		Credit or	Continuin	g Education	
Employee S	Signature			Superv	visor Signature		
Date			Date				
			OFFICIAL U	JSE ONLY	7		
Employee's Current DOH:			Course Schedule Received				
Requested:		Approved:		Remainii	ng for Academic Y	/ear:	
□ Fall	□ Spring	□ Summer	in the 20	/	academic year.	Entered in Log	
HR Representative Signature			Date		_	Date Emailed Cashiers	



DEPENDENT AUTHORIZATION FOR FLORIDA SOUTHWESTERN STATE COLLEGE TUITION SCHOLARSHIP

Employee must complete for spouse or dependent child. Florida SouthWestern State College requires proof of dependency by providing a copy of the employee's MOST RECENT Internal Revenue Tax Return. <u>A copy of class</u> registration and tax return must be attached.

THIS REQUEST MUST BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES FOR APPROVAL

	(a)				
Employee's Name (PLEASE PRINT)	Employee's Banner #	Date			
Employee's E-mail Address	_				
Dependent's Name (print)	@ Dependent's Banner #	Relationship to Employee			
Employee is:	oloyee 🛛 Part-time Regular Em	ployee			
School Year 20/	□ Fall □ Spring	□ Summer			
Employee Signature	Date OFFICIAL USE ONLY				
EB-036 (Boy 04/09)					
Employee's Current DOH:	_ ☐ Tax Form Received ☐ Course	e Schedule Received			
Requested: Approved:	Remaining for Academic Year:				
□ Fall □ Spring □ Summer	in the 20 academic	year. Entered in Log			
Total: \$					
Finance Representative Signature	Date				