

## Employee Tuition Exemption Form

All full-time employees are eligible for faculty/staff exempt status for Butler courses. This benefit is also available to full-time employee's spouse and children, under the following conditions:

- Children will not be over the age of 23 at the time of class(es) beginning.
- No scholarship will be granted to any child, regardless of age, who is married, unless the child is living in the household of the employee and is wholly supported by the employee.
- The term "child" shall be construed to mean natural child, adopted child, stepchild, or a person for whom the employee has been named legal guardian. The college will follow state of Kansas rules regarding foster children.

The tuition assistance benefit is available to the child(ren) of retirees and deceased employees who were employed for 10 years of continuous service. The child(ren) must have been eligible for this benefit at the time the employee retired or is deceased.

The maximum tuition benefit per credit hour shall be limited to the in-state tuition rate plus the student fee benefit.

Part-time classified employees are eligible for exempt status for classes for themselves only. Part-time classified employees with three continuous years of service in a classified position shall be eligible for the benefits noted above for spouses and children. Employees are responsible for a portion of the student fees per credit hour.

Adjunct Faculty and Adjunct Advisors are eligible for the Adjunct Faculty/Advisor Scholarship instead of the Employee Tuition Exemption.

### Submission Instructions:

1. Fill out this form **COMPLETELY** and turn in **EACH SEMESTER** to receive tuition benefits
2. To submit in-person - obtain HR representative signature and submit to BOE or BOA Registrar's Office
3. To submit electronically - go to [butlercc.edu/registraruploads](http://butlercc.edu/registraruploads) (left sidebar select "Tuition Exemption Upload")

NAME OF EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ BCC SITE: \_\_\_\_\_  
FULLTIME: \_\_\_\_\_ PARTTIME: \_\_\_\_\_ RETIRED \_\_\_\_\_

Please CHECK ONE: Spring: \_\_\_\_\_ Summer: \_\_\_\_\_ Fall: \_\_\_\_\_ Year: 20\_\_\_\_

**DEPENDENTS WHO MEET CRITERIA LISTED ABOVE:**  
(Please attach a copy of guardianship documents, if necessary.)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Human Resources Representative: \_\_\_\_\_