

**West Virginia State University Tuition Waiver Form**

Employee Name (Please print) \_\_\_\_\_ Employee Anumber \_\_\_\_\_

Department: \_\_\_\_\_

Graduate Course \_\_\_\_\_ Undergraduate Course \_\_\_\_\_

**Educational Release Time:**

\_\_\_\_\_ I am **NOT** requesting Educational Release Time to attend classes.

\_\_\_\_\_ I **AM** requesting Educational Release Time to attend classes as a part of my degree plan of study.

This Educational Release Time does not cause undue hardship on the office and expectations required of my job description

Dates of request: \_\_\_\_\_

From the hours of \_\_\_\_\_ a.m./p.m. (circle one) to \_\_\_\_\_ a.m./p.m. (circle one)

I will make up the time within the same workweek as follows: *(Fill in the dates and hours you plan to work to make up the missed time.)* Employees may not work more than eleven (11) hours in a day; or forty (40) hours in a workweek because of making up time due to a personal obligation. **(FLSA 29 CFR 784.27)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that:

1. Any makeup time I work will not be paid at an overtime rate;
2. My makeup time request is approved by my operating unit Supervisor;
4. If I take time off and I am unable to work the scheduled makeup time for any reason, the hours missed will normally be submitted as vacation leave

Employee Signature: \_\_\_\_\_

Operating Unit Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

VP/AD Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Human Resources Verification and Confirmation*

- Confirmation: \_\_\_\_\_
- Denied: \_\_\_\_\_
  - Reason: \_\_\_\_\_
- Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_