University of North Texas EMPLOYMENT WAIVER FORM

Semester: Academic Year:	Fall	Spring	Summer	33W	5W1	5W2	8W1	8W2	10W	
Student Require	d Inform	ation and	Questions:							
EMPL ID#										
Last (Family) Name: Middle Initial:										
Preferred Email A	ddress: _									
1. Are you	the primar	y employee	eligible for an E	mployment Waiver?				YES	S	NO
2. Are you the SPOUSE or DEPENDANT of the primary employee eligible for an Employment Waiver? YES									NO	
Employee Requir										
EMPL ID#				77			26.11	Ŧ 1		
•				First Name:						
				Employing I						
Job Title:			Jo	ob Code:	N	umber of H	lours Work	ed Each V	Veek:	
1. Will the	employe	e be emplo	yed at least 50	% (20 hours per wee	ek) by the un	niversity?		YES	S	NO
2. Will the employee have direct contact with students in an academic capacity or be engaged in research activities directly related to fulfillment of the employed students' major requirements?										
to fulfillment of the employed students major requirements? YES							S	NO		
3. Is this position administered by the department of the student employee's major? YES							S	NO		
4. Is this th	4. Is this this a Teaching Fellow, Teaching Assistant, or Research Assistant Position? YES						S	NO		
If "no" was checked for question #3 or #4, please describe briefly how the employment position relates to employee's degree program and how the position and employee will interact directly with students in an academic capacity. (Attach additional sheets if necessary.) If employee is employed in a department other than degree major, an academic authority in their major department must certify there is a direct relationship between the employee's position and their degree program.										
Please list the na	ame of e	mployee's	major profe	ssor, advisor or ch	air:					
					Exten	sion:				

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Employee Certification:

I certify that the employee indicated above named 54.211 or 54.212 of the Texas Education Code. I an employment date on or before the 12th Universummer terms. I further certify the employee wil Assistant.	underst sity clas	and the employee must be included on the s day of the regular terms and on or befo	e payroll records of the University with re the 4th University class day in the
Signature of Dept. Head/Acct. Holder (NOTE: Chair must sign before Graduate Dean)		Print Name	Date
Departmental Contact Person:		Extension:	
Student and/or Employee Certification: If this was understand I will be liable immediately for any didue may result in the immediate withdrawal of the amount of tuition and fees or financial aid funds to amount at the option of the University. I promise the collection of any amount not paid when due.	fference e studen o a colle	e in tuition costs. I further understand that it registering with this waiver. I authorize ection or credit reporting agency or agence	t failure to pay any additional amounts the University to assign any unpaid ties for the purpose of collecting the
Signature of Employee	Date	Signature of Spouse or Dependent	Date
Please return form to:		Toulouse Graduate School Eagle Student Services Center, 3 rd Femployment.waiver@unt.edu Fax: 940-565-2141 Questions: 940-369-8122	Cloor, Room 354
	To be	completed by Graduate School	
Signature of Graduate School Dean			Date