

# Employment Waiver Request Form

## SECTION A: SEMESTER OF REQUEST

Fall      Spring      Summer 3WK      Summer 5WK1      Summer 5WK2      Summer 8WK      Summer 10WK

## SECTION B: STUDENT INFORMATION

Student/Employee Last Name, First Name      Student/Employee ID      Student/Employee UNT Email Address

## SECTION C: DEGREE PROGRAM & JOB INFORMATION

Job Title:

**(If applicable):** If you are employed in a department other than your degree major, an academic authority in your major department must certify there is a direct relationship between your position and your degree program. Briefly describe 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.

Job Code:

Employee's Major:

Employing Department:

Number of Hours  
Worked Each Week:

Student's classification (select one):

Academic Advisor's Name:

Undergraduate      Masters      Doctorate

Academic Advisor's signature:

Date:

## SECTION D: STUDENT AND/OR EMPLOYEE CERTIFICATION

Student and/or Employee Confirmation: If this waiver is determined to be invalid based on the items specified in Section 54.211 or 54.212, I understand I am immediately liable for any difference in tuition costs. I further understand that failure to pay such additional amounts may result in the immediate withdrawal from the University. I authorize the University to assign any unpaid tuition, fees and/or financial aid funds to a collection or credit reporting agency or agencies for the purpose of collecting the amount due, at the option of the University. I promise to pay all attorney's fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due. Submit this form to your employing department for further approvals.

Student/Employee Last Name, First Name

Date

Student/Employee Signature

## SECTION E: DEPARTMENT CERTIFICATION

It is the responsibility of the employing department/s to understand the State statute governing this waiver and to ensure its proper use. By signing the Employment Waiver, the academic unit administrator and Provost (or designee) are attesting that the information provided is true and correct and that all conditions of the statute have been met. Waivers will be audited and the responsibility for certifying the eligibility lies with the academic unit administrator who signs the waiver. By submitting this web form, I certify that the employee indicated above-named employee/student will be qualified for an employment waiver under the provisions of Section 54.211 or 54.212 of the Texas Education Code. I understand the employee must be included on the payroll records of the University with an employment date on or before the 12th University class day of the regular terms and on or before the 4th University class day in the summer terms. I certify the employee will be employed at least 50% actual time in an eligible position. Additionally, I further certify the student/employee has read, understood and signed the student/employee certification and the department will retain a copy of the signed form. Follow instructions on the TGS website for submission requirements.

Department's Representative First, Last Name

Date

Department's Account Holder Signature

Toulouse Graduate School

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