

AFFIDAVIT OF QUALIFICATION FOR TUITION WAIVER TAX EXEMPTION

I, _____, of _____, State of _____, do hereby certify that

1. _____

2. _____

3. _____

4. _____

5. _____

5. b. The course is necessary to meet the express requirements of the University and/or applicable law imposed as a condition of retaining my employment status and/or compensation rate because:

I understand and agree the university's approval of my request does not change my responsibility for the payment of any taxes the Internal Revenue Service may decide are payable. I further understand that I must claim this exemption on my income tax return.

Signature of Employee *Date*

Department: _____ Phone: _____

7-digit Employee ID Number:

Return this form with your completed Certification for Tuition Waiver form to HR Service Center, 320 Crawford Hall. Forms may be faxed to 216-368-3582. Scanned originals may be emailed to 5@case.edu