

This form is not intended for TBP recipients; please reach out to your hiring department for more information.

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 (TO BE COMPLETED BY EMPLOYER)

Job Title:

1. For non-salaried positions, employers must briefly describe the duties performed by the employee.

Job Code:

2. For all positions: 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. The employer must provide a justification here or on a separate word document:

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/EMPLOYEE CERTIFICATION

Student/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 Account Holder First, Last Name

Date

Department's Account Holder Signature

Toulouse Graduate School

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