

# University of Missouri Educational Assistance Form ( For Employees)

**Form must be submitted no later than the end of the semester or session stated below.**

## Employee Section

|  |             |
|--|-------------|
| Employee Name (Last, First, Middle Initial)  | Employee ID |
| Employee's Campus:<br><input type="checkbox"/> Columbia/UEXT <input type="checkbox"/> Hospital <input type="checkbox"/> Kansas City <input type="checkbox"/> Rolla <input type="checkbox"/> St. Louis <input type="checkbox"/> UM System |             |
| Are you a member of: <input type="checkbox"/> Administrative, Service and Support Staff <input type="checkbox"/> Teaching and Research Staff   |             |
| Semester or/Session and Year<br><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year: _____   |             |

## Course Section

| Campus                | Course Number | Reference Number | Course Title<br>( Enter exact title as listed in catalog) | Number of Course Hours  |
|-----------------------|---------------|------------------|---|---|
|                       |               |                  |   | <input type="checkbox"/> Credit<br><input type="checkbox"/> Audit |
|                       |               |                  |   | <input type="checkbox"/> Credit<br><input type="checkbox"/> Audit |
|                       |               |                  |   | <input type="checkbox"/> Credit<br><input type="checkbox"/> Audit |
| Total Number of Hours |               |                  |   |   |

I understand that:

- ! I must submit the educational assistance form no later than the end of the semester stated above.
- ! Only University of Missouri credit courses are covered by Educational Assistance.
- ! I must apply for admission and register for each course following applicable University Policy.
- ! I must have completed six months of continuous employment as a regular employee prior to regular registration.
- ! I must meet all student admission requirements.
- ! I must remain a University employee through the end of the course(s) in which I am enrolled, and
- ! The regular refund policy of the University applies in the event of withdrawal from a course.
- ! Educational Assistance benefits received in excess of \$5250 in a calendar year become taxable income per IRS Section 127.
- ! Unless the course is required by my department as part of my job training, I must make up work time lost, take an adjustment in pay or charge work time lost to accumulated vacation.

|                    |                |      |
|--------------------|----------------|------|
| Employee Signature | Campus Address | Date |
|--------------------|----------------|------|

## Department Section

|                      |   |      |
|----------------------|---|------|
| Home Department      | Is the coursework required for the employee's work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |      |
| Department Signature | Campus Address  | Date |

Send completed form to Faculty & Staff Benefits using one of the options below:

( Note: An acknowledgement of receipt will be sent and your form will be submitted to the cashier's office within 5 business days from date of receipt.)

Email: [umbenefitsedu@umsystem.edu](mailto:umbenefitsedu@umsystem.edu)

Fax: ( 573) 882-9603

For Questions: ( 573) 882-2146

Address: Faculty and Staff Benefits  
 Woodrail Centre  
 1000 W. Nifong  
 Building 7, Suite 210  
 Columbia, MO 65211

### Faculty & Staff Benefit Office Use Only

|                          |          |      |
|--------------------------|----------|------|
| Benefit Eligibility Date | Approval | Date |
|--------------------------|----------|------|