

**HOOD COLLEGE EDUCATIONAL BENEFITS FOR EMPLOYEES
ELIGIBILITY FORM AND CERTIFICATION**

Semester: _____ / _____ (Ex: Spring/2016)
 Term Year

Please note that application for educational benefits must be made in each semester for which they are requested.

1. Employee Name: _____
 Last First M.I.

2. Employment Status: Full-Time: _____ Part-Time: _____ Graduate Research Assistant: _____
 Full-Time Equivalency Percentage: _____%

3. Student Information:
Name: _____
 Last First M.I.

Relationship to employee:
Self: _____ Spouse: _____ Dependent Child: _____

Student ID No.: _____

Graduate: _____ Undergraduate: _____ Number of Credits: _____

I understand that Hood College (the "College") reserves the right to request appropriate proof of the relationship between me and any student receiving educational benefits by virtue of my employment with the College, including but not limited to proof of marital status; proof that the recipient qualifies as a dependent child in accordance with IRS regulations (see IRS Publication 501, Exemptions, Standard Deduction, and Filing Information).

I understand that educational benefits are subject to the availability of space; that any educational benefits granted will be revoked if my employment is terminated (whether by me or the College); and that *reapplication for educational benefits must be made in each semester for which they are requested, in accordance with College policy.*

In the event that my employment with the College ends, I agree to make full restitution to the College for any tuition owed due to the cessation of educational benefits, and I further agree to have the College deduct from my final paycheck all payments so due, in order to bring my balance due to zero.

[This paragraph should be completed for any dependent child receiving educational benefits. If not applicable, cross out this paragraph.]

I certify that _____ qualifies as my dependent child in accordance with IRS regulations. I further certify that (s)he was claimed by me as a dependent on my most recent Federal income tax return, or would have been eligible to be claimed by me as a dependent if not otherwise claimed by the child's other parent, and that (s)he will so qualify to be claimed by me as a dependent (or would so qualify, if not claimed by the child's other parent) for the time period that is covered by the semester for which tuition benefits are requested.

Employee Signature Date

Human Resources Signature Date

Please return completed form to the Human Resources Office.

HOOD COLLEGE EDUCATIONAL BENEFITS FOR EMPLOYEES SUMMARY OF BENEFITS

A summary of the Hood College Educational Benefit (the "Benefit") and certain tax implications follows. The Benefit applies to tuition only; it does not apply to fees, supplemental costs, class and lab fees, books, room and board, or other incidental expenses incurred by the employee or any student receiving the Benefit by virtue of the employee's employment with Hood College. See Hood College Staff Manual, Section 723.3, Guidelines, paragraph 1. The amount of the Benefit for any given employee shall be equal to the educational costs that would otherwise be incurred by the employee at the College (for himself or herself, or for any category of individual listed below), multiplied by a percentage that is equal to the employee's full-time equivalency percentage.

Payment of all fees not covered by the Benefit is subject to Hood College's payment and late fees policies.

EDUCATIONAL BENEFITS FOR EMPLOYEES

The Benefit allows the following individuals to attend Hood College, pursuant to the following guidelines and limitations:

1) Employees:

- Undergraduate courses
 - Tuition is tax-free
- Graduate courses
 - Tuition is tax-free up to \$5,250; all amounts thereafter are taxable income.

2) Graduate Research Assistants:

- Graduate courses
 - Tuition is tax-free

3) Spouses:

- Undergraduate courses
 - Tuition is tax-free
- Graduate courses
 - Tuition is taxable income

4) Children (including by birth or adoption), Step-Children, and Foster Children:

- Undergraduate courses
 - Tuition is tax-free

Taxable income related to the Benefit is calculated and reflected in compensation through-out the year. FICA/Medicare is withheld on all taxable amounts. All taxable income related to the Benefit received by an employee in a single calendar year will be reflected on the employee's Form W-2 for such year. **The determination of an employee's federal and state tax liability are the responsibility of the employee. Please consult with your personal tax advisor.**