

**Arkansas State University System**  
**Education Benefits Approval Form for Employee Discount**  
**(Complete Online Only - Fields highlighted in red are REQUIRED)**

**Employee Name** \_\_\_\_\_ **ASU ID** \_\_\_\_\_ **Employee Status:**  
 Active  
**Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  Retired  
 Disabled  
**Campus of Employment**  **Department** \_\_\_\_\_  Deceased  
**Campus that will bill for the course(s)**   
**Program of Study** \_\_\_\_\_

I am a full-time employee of Arkansas State University and hereby request approval to enroll in the following courses(s). I understand that I may not take more than 3-semester hours during my normal work schedule. To the best of my knowledge, taking these course(s) will not interfere with the performance of my job duties.

**Student Classification**  **Year** \_\_\_\_\_ **Term**

**\* Summer courses - 2 hours of vacation leave required per course per day.**

On-line course and no vacation leave required.

Name of Course(s)	Hours	Course Time and Day(s) of Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have completed the Professional Development Plan.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: Dependent graduate school tuition and fee discounts are taxable income to the employee and will result in additional withholding for Federal, State, and FICA taxes from one or more of your A-State paychecks.**

**Supervisor Approval**

I approve of the course(s) scheduled during the above employee's work hours.

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_ **Department** \_\_\_\_\_

**I certify that the employee named above is eligible for the employee discount.**

\_\_\_\_\_  
Office of Human Resources

\_\_\_\_\_  
Date