



STATE UNIVERSITY OF NEW YORK
COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY

ADMINISTRATIVE UPDATE

FROM: Rebecca Hoda-Kearse
Executive People Officer

DATE: 8/20/2024

VOL. 2024

NO. 2

TO: The College Community

SUBJECT: Employee Tuition Waiver – SUNY Courses Fall 2024

A portion of the annual pool for tuition waivers for full-time faculty and staff remains available for fall semester courses. These waivers may be used only for courses taken at ESF or another campus of The State University. Courses taken at community colleges are not eligible for this support. Decisions on granting individual waivers will be based on SUNY Tuition and Fee Assistance for Employees Policy No. 8205.

Available funding continues to be quite limited and, due to demand, approved waivers will likely cover only a portion of the full tuition amount. The completed B-140W application implies that the course(s) will be taken regardless of whether funds are available in the waiver pool. Therefore, employees should apply for a waiver and register only for those courses for which they are willing to take full financial responsibility.

Employees planning to register for graduate courses should note that the value of any graduate tuition waiver may be counted as taxable income.

Tuition waiver form (B-140W Application for Tuition and Fee Assistance) is attached. Following completion of the forms and authorization by the employee's supervisor, please return to the Human Resources Office, 216 Bray Hall, so that a fair and equitable distribution of the anticipated waiver pool may be granted. Employee's request for the spring semester must be received in the Human Resources Office by **Wednesday, August 28, 2024**.



STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

C2054-583 (rev. 4/83)

PART I. APPLICATION

Disclosure of Social Security numbers is voluntary and is used in processing student applications for tuition assistance. Authority to solicit Social Security number has been established under Section 355 of the Education Law of the State of New York.

- 1. Applicant's Name _____
- 2. Person Number _____
- 3. Campus Where Employed _____
- 4. Payroll Title _____
- 5. Present Employment Status (Check one) Research Foundation Employee Community College Employee University Employee (State Payroll)
 - A. To be completed by University employees on State Payroll only.
 - Negotiating Unit: (Check one) 01 Security 02 Administrative 03 Operational 04 Institutional 05 PEF 06 M/C Classified 08 UUP 13 M/C Professional Other (Define) _____
- 6. Highest Degree Earned _____
- 7. Name of Campus You Will Be Attending _____
- 8. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (Reason for taking below-listed courses).

9. LIST COURSES FOR WHICH APPROVAL IS REQUESTED BY THIS APPLICATION:

(Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. Laboratory and/or instructional fees may be included. College Fees, Student Activity Fee and other non-instructional fees are not allowed.)

| Course Name(s) | Catalog Number | Semester and Year | Credit Hours | Cost of Each Course | % of Support Requested | Amount of SUNY Assistance Requested for Each Course (\$ Total) |
|----------------|----------------|-------------------|--------------|---------------------|------------------------|--|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

- 10. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER.

Signature of Applicant

Date

PART II. To Be Completed by Appropriate Officers at Employing

Campus: Complete Part II and
If instruction will be given at employing unit proceed with campus internal policy for Part III approval.
If instruction will be given at another SUNY unit, forward 3 copies to instructing unit.

- 11. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director)
- 12. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE:

Authorized Signature

Date

Authorized Signature

Date

13. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:

Application Approved for ___% level of support for a total amount of \$_____ to be waived.

Application Disapproved because _____

Authorized Signature

Date

PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and Forward 2 copies to employing campus

Application approved. Total Amount Waived \$ _____
(Itemize Charges Waived Below and Explain Amended Dollar Amounts #13)

Disapproved as submitted because _____

Authorized Signature

Date

PART IV. Employing campus final action- Record disposition of application and distribute Affirmative Action Copy per internal procedures.