

Employee Remission Benefits Request

Complete and submit one copy of this form **EACH ACADEMIC YEAR** to Human Resources before fees are due for the first semester for which remission is desired.

***PART-TIME FACULTY AND ACE INTERMITTENTS**—Must complete this form **EACH SEMESTER** they intend to use the benefit.

EMPLOYEE INFORMATION

Name _____ Banner ID _____ Phone Ext. _____
 Employing Department Name _____ Date Employed _____

Type of Appointment (Circle One):

Professional (APAS)	Full-Time	Part-Time
Professionals (Exempt)	Full-Time	Part-Time
Faculty	Full-Time	Part-Time
Classified Permanent		
Classified Intermittent		
Police		

Request Fee Remission Starting with X (Summer Semester)
For the Academic Year _____ - _____

Fill in information, circle relationship and semesters:

	Name	Banner ID	Birthdate	Relationship	Semesters
1.	_____	_____	_____	Self Spouse Child	X F S
2.	_____	_____	_____	Self Spouse Child	X F S
3.	_____	_____	_____	Self Spouse Child	X F S
4.	_____	_____	_____	Self Spouse Child	X F S
5.	_____	_____	_____	Self Spouse Child	X F S

I certify that the above information is true and correct and that all persons listed above are dependents under the guidelines for my appointment type. Youngstown State University has the option to request proof of dependency.

Employee Signature _____ Date _____

SUBMIT THIS FORM TO HUMAN RESOURCES

FOR OFFICE USE ONLY

HUMAN RESOURCES

Remission Type: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Part-time Faculty: Hours Teaching for Semester Requesting Remission _____

Approval Signature: _____ Date: _____

Remission Refusal _____

Reason for Refusal _____

OFFICE OF FINANCIAL AID AND SCHOLARSHIPS

REM Type: _____ Fund No.: _____ Acad/Maint: _____ Award: _____

Approval Signature: _____ Date: _____

Termination of Remission Effective Date _____ Semester/Year _____

Approval Signature: _____ Date: _____