

## REQUEST FOR EMPLOYEE TUITION REMISSION BENEFIT

Employee/Retiree Name: \_\_\_\_\_ UNM ID Number (Required): \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employment Status: ☐ Faculty/Staff ☐ Retiree Session: Year \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer

Note: Tuition Remission is applicable to employees as defined in section 2.1 of UAP 3700, "Education Benefits"

### I. THIS SECTION FOR EMPLOYEE OR RETIREE

#### PROFESSIONAL DEVELOPMENT:

| Course Title/Department Offering Course                                                         | Standard Registration |                          | Class Day/Time                     |
|-------------------------------------------------------------------------------------------------|-----------------------|--------------------------|------------------------------------|
| Mentoring Conference:                                                                           | \$600.00              | <input type="checkbox"/> | Oct. 20 - 22 , 2026 8 am - 5:00 pm |
| Mentoring Conference: Presenter: Abstract ID _____                                              | \$500.00              | <input type="checkbox"/> | Oct. 20 - 22 , 2026 8 am - 5:00 pm |
| Pre-Conference Workshop: Emotional Intelligence and Positive Psychology for Mentors and Mentees | \$600.00              | <input type="checkbox"/> | October 19, 2026 8 am – 5 pm       |
| Pre-Conference Workshop: Mentorship Program Design                                              | \$600.00              | <input type="checkbox"/> | October 19, 2026 8 am – 5 pm       |
| Post-Conference Workshop: Mentorship Program Evaluation                                         | \$600.00              | <input type="checkbox"/> | October 23, 2026 8 am – 5 pm       |
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### II. SUPERVISORY APPROVAL

Supervisory approval is required if any of the following apply:

- A credit course taken during the employee's regular work schedule (approval is to authorize the absence from work and to approve an alternate work schedule); or
- A non-credit professional development course taken during the employee's work schedule that is related to the employee's job or a UNM job to which the employee may reasonably aspire (approval is to authorize absence from work and approve an alternate work schedule); or
- A non-credit health and fitness course taken during the employee's work schedule (approval is to authorize the absence from work and to approve an alternate work schedule).

☐ Time off with pay is granted ☐ Time off is not granted

☐ Time off is granted but must be made up as follows: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Manager/Dept. Chair: \_\_\_\_\_

### IV. EMPLOYEE CERTIFICATION: Initial each statement below:

\_\_\_\_\_ I acknowledge that I have reviewed UAP 3700, "Education Benefits" and certify this request for Tuition Remission Benefit is within the maximum allowable benefit per semester as provided in the Policy.

\_\_\_\_\_ I understand that I am responsible to repay all costs that exceed the maximum allowable benefit. I acknowledge the University will bill me for any excess tuition costs that have been paid. If the bill is not paid, UNM may collect any excess through payroll deductions

Tuition rates may be viewed at: <https://bursar.unm.edu/tuition-fees/tuition-and-fee-rates.html>

\_\_\_\_\_ I acknowledge that the amount of tuition benefits for certain courses are considered taxable under current published IRS regulations. I understand that any taxable tuition benefit I receive will be added to my wages as taxable income and will be subject to income tax withholding.

\_\_\_\_\_ Additionally, I understand that if the amount of tuition benefits I receive during the calendar year exceeds the published IRS maximum amount, the amount in excess of the IRS maximum will be added to my wages as taxable income and will be subject to income tax withholding.

Information regarding the taxability of tuition remission may be viewed at: <https://hr.unm.edu/docs/benefits/section-127-education-assistance-plan.pdf>

I certify the information I provided above is complete and accurate.

Employee: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_