



## Human Resources

### Tuition Remission Tax Exclusion Form

#### Employee Information Please Print

|                |             |          |                        |
|----------------|-------------|----------|------------------------|
| Last Name      | First Name  | MI       | Social Security Number |
| Street Address | Apartment # |          | Department             |
| City           | State       | Zip Code | Campus Telephone       |

#### Course Information

| Courses Taken | Dates Taken |
|---------------|-------------|
| 1.            |             |
| 2.            |             |

Please use the space below to explain why you believe the course(s) is (are) job related.

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I certify that the course(s) noted above are,

- (1) Job related,
- (2) Do not meet the minimum requirements of the position,
- (3) Do not train me for a new line of business.

As such, I wish to have these courses exempted from tax withholdings.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

Please return this completed and signed form along with a copy of the course(s) description to:

HR Service Center  
200 Boston Ave Suite 1750  
Medford, MA 02155