University of North Texas
EMPLOYMENT WAIVER FORM

Semester:  Fall  Spring  Summer:  3W1  SUM  8WK  5W1  5W2  10W
Academic Year:  ________

Student Required Information and Questions:

EMPL ID# _________________________
Last (Family) Name: _________________________  First Name: _________________________  Middle Initial: _______
Preferred Email Address: ______________________________

1. Are you the primary employee eligible for an Employment Waiver?     ___YES  ___NO
2. Are you the SPOUSE or DEPENDANT of the primary employee eligible for an Employment Waiver?  ___YES  ___NO

Employee Required Information and Questions:

EMPL ID# _________________________
Last (Family) Name: _________________________  First Name: _________________________  Middle Initial: _______
Employee’s Major: _____________________________  Employing Department: _____________________________
Job Title: _____________________________      Job Code:  ______________       Number of Hours Worked Each Week:  __________

1. Will the employee be employed at least 50% (20 hours per week) by the university?    ___YES  ___NO
2. Will the employee have direct contact with students in an academic capacity or be engaged in research activities directly related to fulfillment of the employed students’ major requirements?      ___YES  ___NO
3. Is this position administered by the department of the student employee’s major?    ___YES  ___NO
4. Is this a Teaching Fellow, Teaching Assistant, or Research Assistant Position?  ___YES  ___NO

If “no” was checked for question #3 or #4, please describe briefly how the employment position relates to employee’s degree program and how the position and employee will interact directly with students in an academic capacity. (Attach additional sheets if necessary.) If employee is employed in a department other than degree major, an academic authority in their major department must certify there is a direct relationship between the employee’s position and their degree program.

Please list the name of employee’s major professor, advisor or chair:

________________________________________________________ Extension: ____________
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Employee Certification:

I certify that the employee indicated above named student will be qualified for an employment waiver under the provisions of Section 54.211 or 54.212 of the Texas Education Code. I understand the employee must be included on the payroll records of the University with an employment date on or before the 12th University class day of the regular terms and on or before the 4th University class day in the summer terms. I further certify the employee will be employed at least 50% actual time as a faculty member, TA, TF, or Research Assistant.

____________________________________________     __________________________________________________
Signature of academic unit administrator       Print Name                Date

Departmental Contact Person: _________________________________ Extension: _____________

Student and/or Employee Certification: If this waiver is determined to be invalid based on the items specified in Section 54.211 or 54.212, I understand I will be liable immediately for any difference in tuition costs. I further understand that failure to pay any additional amounts due may result in the immediate withdrawal of the student registering with this waiver. I authorize the University to assign any unpaid amount of tuition and fees or financial aid funds to a collection or credit reporting agency or agencies for the purpose of collecting the amount at the option of the University. I promise to pay all attorney’s fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due.

____________________________________________ __________________________________________________
Signature of Employee   Date Signature of Spouse or Dependent              Date

Please return form to:    Toulouse Graduate School
Eagle Student Services Center, 3rd Floor, Room 354
graduateschool@unt.edu
Fax: 940-565-2141
Questions: 940-369-5813

To be completed by Graduate School

_________________________________________________    _________________________
Signature of Provost (or designee)       Date