



University of Pittsburgh

Human Resources/Faculty Records

Benefits Fax 412-624-3485

Faculty Records Fax 412-624-1999

For HR Benefits Dept. Use Only	
Employee Number	
Processed By	Processed Date / /

REQUEST FOR EDUCATION BENEFITS FORM

Education Benefit Provisions

- Please submit a separate request form for each individual eligible for education benefits at the University of Pittsburgh.
 - Staff employee forms to Benefits, faculty forms to Faculty Records.
- Application for education benefits should be submitted at the time the eligible individual registers for coursework.
- Request for Education Benefits Forms are needed only once per academic year if each applicable term is indicated below.
- Faculty and staff employees must attach documentation to verify spousal, domestic partner or child dependency status when submitting this form to Faculty Records or the Office of Human Resources' Benefits Department in accordance with University Policy 07-11-01.
 - Please note that continued dependent eligibility is subject to review at any time deemed necessary by the University of Pittsburgh.
- Eligibility for the benefit does not guarantee admission or retention into any University of Pittsburgh program. The benefit is available at all University of Pittsburgh campuses.
- The benefit will be applied directly to the student's account upon approval of the request form.
- Any error in the calculation of the educational benefit will result in the recalculation of that benefit. The University will be responsible for the recalculation of the benefit and reserves the right to provide additional credit and conversely hold the employee responsible for prompt repayment of any overstatement of tuition benefit.

Employee Name (Print Last, First, Middle Initial)	Employee Social Security Number
	XXX – XX –
Employee Campus Address	Employee Daytime Phone

Employee Status: Active Retired Disability Leave Other: _____

Residency Status: PA Resident Non-PA Resident

*Application for Education Benefits for: Self Spouse Domestic Partner Dependent Child

**For education benefits request for anyone other than the employee, additional documentation is required. For more information, please see University Policy 07-11-01.*

Student Name (Last, First, M.I.)	
Student Peoplesoft Number	Student Social Security Number
	XXX – XX –

Please check the applicable enrollment term(s), year(s) and degree level

Term		Year		Degree Level	
Fall	<input type="checkbox"/>		<input type="checkbox"/>	Undergraduate	<input type="checkbox"/>
Spring	<input type="checkbox"/>		<input type="checkbox"/>	Graduate	<input type="checkbox"/>
Summer	<input type="checkbox"/>		<input type="checkbox"/>		

Certification

I certify that the information contained herein is accurate and truthful to the best of my knowledge and belief. I understand that all eligibility criteria will be monitored and that any changes or errors found as a result of later audit may cause the cancellation of the benefit. If my request is for a spouse or dependent child, I understand that I am required to provide satisfactory documentation to verify spousal status or child dependency. In the event registration is classified as graduate, I acknowledge the receipt of this education benefit as taxable income and accept the conditions under which the benefit is granted.

Faculty/Staff Employee Signature:

Date: