

# ARKANSAS STATE UNIVERSITY-JONESBORO

## Education Benefits Approval Form for Employee Discount

Employee Name: \_\_\_\_\_ ASU ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

### Check the Campus location where you are attending classes:

ASU-Jonesboro

ASU-Beebe

ASU-Mountain Home

ASU-Newport

ASU-Searcy

ASU-Heber Springs

I am a full-time employee of Arkansas State University and hereby request approval to enroll in the following course(s). I understand that I may not take more than 3-semester hours during my normal work schedule. To the best of my knowledge, taking these classes will not interfere with the performance of my job duties.

Undergraduate Year: \_\_\_\_\_ Spring Fall Sum I Sum II Interim  
Graduate

\*Please deduct \_\_\_\_\_ hours of vacation for Summer I classes.

\*Please deduct \_\_\_\_\_ hours of vacation for Summer II classes.

On-line class and no vacation time required.

\*Vacation leave required for summer classes.

Name of Course(s)	Hours	Class Time & Day(s) of Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUPERVISOR APPROVAL

I approve the class scheduled during the above employee's work hours.

I have consulted with the above employee about their class schedule.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Dept: \_\_\_\_\_

I certify that the employee named above is eligible for the employee discount.

\_\_\_\_\_  
Office of the Associate Vice Chancellor for Administration

\_\_\_\_\_  
Date

**ARKANSAS STATE UNIVERSITY-JONESBORO**  
Education Benefits Approval Form for Dependent Discount

Employee Name: \_\_\_\_\_ ASU ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

**Check the Campus location where your dependent is attending classes:**

ASU-Jonesboro	ASU-Beebe	ASU-Mountain Home
ASU-Newport	ASU-Searcy	ASU-Heber Springs

I am a full time employee of Arkansas State University and hereby request a dependent discount for the student listed below. **I certify that this student is legally my dependent and meets all of the requirements of a dependent as defined by the IRS.\***

Dependent Name: \_\_\_\_\_ ASU ID: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Is the dependent a recipient of a graduate assistantship?    Yes    No

Undergraduate    Year: \_\_\_\_\_    Spring    Fall    Sum I    Sum II    Interim  
Graduate

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that \_\_\_\_\_ is a full-time employee of ASU-Jonesboro.

\_\_\_\_\_  
**Office of the Associate Vice Chancellor for Administration**

\_\_\_\_\_  
**Date**

**\*Proof of dependency and proof of age must be attached for processing.**

Examples of Dependency Proof:

- Photocopy of prior year 1040 tax return (top portion only)
- Photocopy of court ordered dependency
- Proof of guardianship

Examples of Proof of Age:

- Photocopy of Dependent's Drivers License
- Photocopy of Dependent's birth certificate
- Photocopy of ID Card issued by government agency with name and date of birth

**(Please note: A separate form must be submitted each term for discount.)**