

**Employee Relations Organizations Meeting**  
**June 30th – 10am to 12pm**  
**Zoom Meeting**

**Representatives Present:**

**ERC:** Amber Carter, April Thompson, Jackie Cotton, Jasmine Bowles, Katora Jones, Linda Johnson, Lyncie Crawford, Nathan Tipton, Robyn Taylor, Vickie Christian, Jackie Fox, Andrea Briggs

**ESC:** Blake Dingman, Daniel Hutchinson, Kimberlee Norwood, Stephanie Breuer, Vanessa Baker, Venus Claxton, Yin Su, Felicia Washington

**Minutes Secretary:** Yin Su

**Representatives Absent:** Joyce Hamilton, Kaining Zhi, Janette Smith, Lisa Hall, Jean Perdicaris, Dorothea Owens, Nury Magana

**Meeting Agenda and Minutes**

**10:00am**      **Welcome – Debbie Long**

**10:05am**      **COVID-19 Campus Compliance – Dr. Chandra Alston**

Good morning Everybody, thank you Debbie and thank you everybody for coming to this meeting. Hopefully, Covid-19 is coming to an end, although we have had more cases on campus now as people are coming back.

First, I want to remind you, if anyone tested positive in your area, please have them report the positive diagnosis to Human Resources at [uthsc.edu/hr](http://uthsc.edu/hr). The first thing you will see is a large beige box – this is the Covid-19 box where a reporting form can be found to report a COVID-19 Occurrence. Please let us know, and Mr. Tim Burton (Safety Officer), he will inform the county Health Department of this information. This process is called Contact Tracing. This method will make sure the positive person is being isolated, tested, and is used to track the spread of the virus. We want to alert people in the department if they have had contact with the case positive person and determine whom should be tested, to find out if they are negative. The positive persons should be away from campus. We have not been doing the Contact Tracing, but we do know the positive people tested right away. The health department is responsible for doing this. But we try to alert the cluster of personnel we know should be contacted immediately.

Second, when you are on campus, we must practice CDC guidelines, we must wear masks, if we are on our own in office, it is OK to remove your mask, but even if you are in contact with one person

in the office you have to wear the mask, and others should wear the mask as well. Because of the way the virus is spread through the air, coming to our mouth and skin contact. If there are 5-6 people in the closed room, it is important to be careful. If you do not have to meet in person it is best not to, instead use Zoom. You need to wash your hands frequently. Take sanitizing wipes with you while moving around campus, be thoughtfully trying to wipe the surface area before you sit down and get up. Be thoughtful of others who would be using the area as well.

Between March and April, the campus only had 3 cases of COVID-19 positive. This week alone, Monday to Monday, there were 13 cases reported to us. We do not know how people are infected from home or contacted with family members. The best practice is social distancing and wearing the mask. Our students will come back to campus in a month, we should create a good environment for students to move forward. Thank you all.

**10:30am Educational Assistance – by Cheressa Lyles**

Cheressa explained the listed UTHSC and System Policy (See Page.7)

- Benefit program
- Eligibility
- Procedures and Needed Forms

**11:00am HR 128 – Debbie Long, CAP**

Debbie provided UT system resources for development opportunities (See Page.26)

- LinkedIn Learning
- K@TE
- Blackboard
- CAP and other training certificate opportunities.

**11:25am Knowledge Check – Debbie Long, CAP**

Checked ERO members' knowledge by polling questions (See Quiz on Page.4)

Debbie summarized: I am proud of you guys; you all did a fantastic job. Hope you all enjoyed the test. Please let us know if you think other training is needed.

Chandra added: Let us know if the policies we are training on have been helpful, or if you would like to change the direction of the training we have done to something else for the next six months. We must be creative to learn. We have lots of policies that we have not gotten to yet. We really want you to be familiar with our policies and to support our employees out there when they need it. We do not have enough ambassadors for our policies. For example, someone called us from Dentistry to ask if we are off work, even though the 4<sup>th</sup> of July holiday is on Saturday. Yes, we are! Friday the 3<sup>rd</sup> will be our 4<sup>th</sup> of July holiday. Therefore, this is the vein of training we

have chosen, now you will know what to do in the situation and you could help them.

In addition, I wanted your thoughts on a proposal to give at the next ERAB meeting. I think that employees should earn two days' vacation time per month, so every employee is earning equal time on campus. We will be the only campus to ask this. TN State has a different policy right now. I want to have equal accrual for all employees. I think our employees should be awarded the same amount of leave, regardless of their exempt or non-exempt status or longevity, which is what our current policy is based on. Please send me your thoughts and language for this issue. I will try to send out the proposal for Katora Jones and Dorothea Owens to take to the next system ERAB meeting discussion.

**11:45am      Announcements:**

- Yin Su and Kimberley Norwood have taken on the role of the Minutes Secretary for the ERO. Thank you!
- Jackie Fox: we will be using the new voice mail box / fax system to go live on July 13th. Instructions for use of the new system will be emailed to all users and available on the website.
- Dan Hutchinson announced facilities is going back to a three-day schedule, coming in Monday, Wednesday, and Friday, but crafts workers will be here daily for certain projects. Supervisors are rotating in and out on campus. Projects are still being completed and supervisors are still here to oversee work orders being placed.
  - Campus Covid-19 testing is free and easy for all staff, students, and faculty. Located at the SAC Gym – Monday, Wednesday, and Friday.
- Chandra Alston said two more confirmed Covid-19 cases. They are away from campus now.
- Amber Carter: Employees can receive the UTHSC license plate without paying the \$35.00 fee for a special license plate, those who sign up will also get a free UTHSC mask.
- Vickie Christian announced: The College of Dentistry clinic is slowly reopening and still seeing the emergency dental patients on Monday, Wednesday, and Friday.

\*\*Meeting was ahead of schedule and adjourned at 11:30am.

**Knowledge Check \_\_\_ Questions for the ERC/ESC groups:**

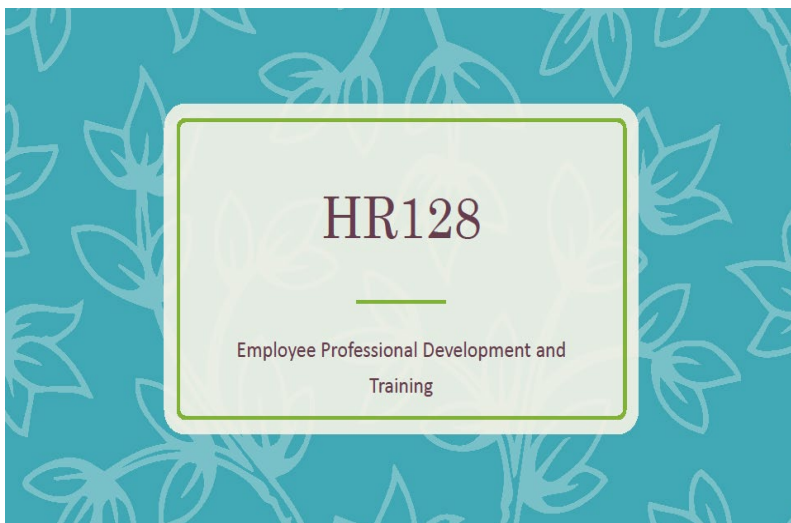
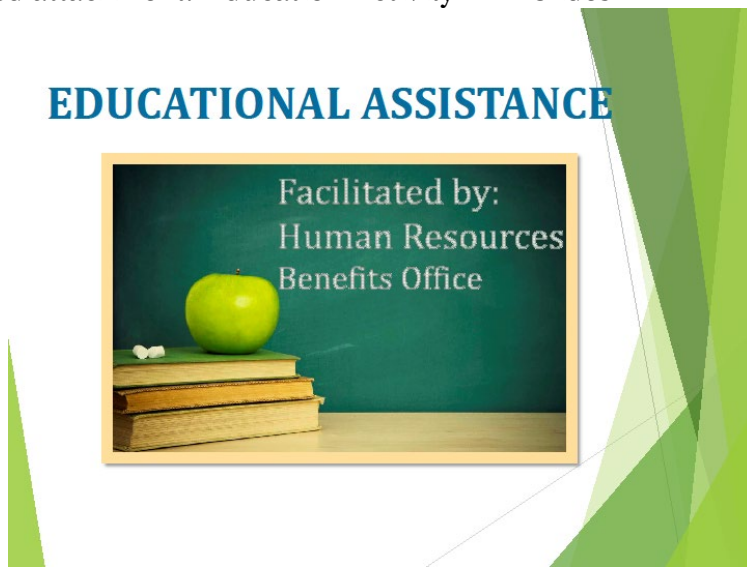
1. My role as an ERC/ESC member requires me to:
  - a. Attend monthly meetings
  - b. Share information provided in the meetings with designated colleagues
  - c. Bring important topics or ideas to the committee for discussion, clarification or implementation
  - d. Become familiar with UTHSC policy and procedure to be able to assist employees on campus
  - e. All the above
2. The employee relations organizations exist to provide a way for employees to collaborate and share important information with their campus colleagues and the campus/system leadership (True or False).
3. The following individual was selected to represent the Employee Relations Committee (ERC) as our representative on the Employee Relations Advisory Board (ERAB):
  - a. Jennifer Wells
  - b. Ronda Phillips
  - c. Katora Jones
  - d. Melissa Reynolds
4. The system-wide Employee Relations Advisory Board serves as an advisory group to the president with respect to University policies, programs and practices. (True or False)
5. The following individual was selected to represent the Exempt Staff Council (ESC) as our representative on the Employee Relations Advisory Board (ERAB):
  - a. Dorothea Owens
  - b. Ronda Phillips
  - c. Jennifer Wells
  - d. Melissa Reynolds
6. Performance evaluations include all the following EXCEPT:
  - a. 1-month (30 day) evaluation
  - b. 3-month (90 day) evaluation
  - c. 6-month (180 day) evaluation
  - d. One-year (Annual) evaluation
7. When hired to work at UTHSC, background checks are optional for prospective employees. Departments alert HR whether to do a background check or not. (True or False)
8. A prospective employee must show proof of eligibility to work in the US. (True or False)
9. When leaving the University which of the following is NOT true:
  - a. Employees are asked to complete an exit interview.

- b. Employees should return all University-owned equipment.
  - c. Employees should alert payroll that they are terminating to get their final paycheck.
  - d. Departments should complete the electronic exit clearance form to close out all University connections with the employee so they may receive their final paycheck.
10. A co-worker lets you know that they will be having shoulder surgery next month. You should advise which of the following:
- a. Just call in sick the morning of the surgery.
  - b. Contact HR – FML Coordinator and submit a request form for Family and Medical Leave. This will include a letter to the supervisor that includes leave dates and other pertinent details related to the request.
  - c. Nothing, the department will figure it out when you don't come in.
  - d. Contact your supervisor and alert them that you will need sick leave.
11. You need a specific type of keyboard due to carpal tunnel in your left hand:
- a. Go purchase it from Office Depot and bring your supervisor the receipt.
  - b. Talk to your supervisor and submit a request for the keyboard.
  - c. Submit an ADA request to OED for the keyboard.
  - d. Just use the one issued by the department and deal with the pain.
12. You are required each morning to perform a series of medical treatments on yourself prior to leaving the house. They take so long you are often 15-20 minutes late each day. You should:
- a. Continue being late, no one has said anything.
  - b. Talk to your supervisor and submit a request for a schedule change.
  - c. Submit an ADA request to OED for a modified schedule.
  - d. Talk to your co-workers about covering for you each day.
13. Once our campus returns to full operations, employees will:
- a. Must come to work unless they have approval from their supervisor to telecommute.
  - b. Be paid for time regardless of whether they come to work or not.
  - c. Not be expected to work if they don't have daycare or childcare arrangements.
  - d. Need to be classified as essential.
14. Which of the following is not a gross misconduct offense according to the Code of Conduct?
- a. Stealing
  - b. Fighting
  - c. Lying
  - d. Sleeping on the job
15. If someone feels like they are being sexually harassed, which of the following would you advise:
- a. Record the person so they have evidence
  - b. Contact the Office of Equity and Diversity to file a formal or informal complaint

- c. Let everyone know that this person is making them uncomfortable
- d. Talk to his or her spouse so they know they are married to a cheater

**(Quiz End)**

**Inserted attachment: Education Activity PPT Slides**



# EDUCATIONAL ASSISTANCE





# Things To Know Before You Start

Not a Reimbursement Program

Fees are reduced at the time of payment

Employees are eligible to take undergraduate or graduate coursework.

Offered to spouse and children of employees for **undergraduate coursework only**.

Maintenance fees (cost per credit hour) are covered under this benefit.

**Additional fees are covered under the P130 only**

Must be enrolled and registered with an eligible institution prior to applying for educational assistance.



# Eligible Institutions

## Tennessee Colleges and Universities

- ▶ **Austin Peay State University**
- ▶ Chattanooga State Technical Community College
- ▶ Cleveland State Community College
- ▶ Columbia State Community College
- ▶ **Dyersburg State Community College**
- ▶ **East Tennessee State University**
- ▶ **Jackson State Community College**
- ▶ **Middle Tennessee State University**
- ▶ Motlow State Community College
- ▶ Nashville State Technical
- ▶ Northeast State Technical
- ▶ Pellissippi State Technical
- ▶ Roane State Community College
- ▶ **Southwest TN Community College**
- ▶ **Tennessee State University**
- ▶ **The University of Memphis**
- ▶ **TN Technological University**
- ▶ University of Tennessee - Chattanooga
- ▶ **University of Tennessee Health Science Center**
- ▶ University of Tennessee - Martin
- ▶ **University of Tennessee - Knoxville**
- ▶ Volunteer State Community College
- ▶ Walters State Community College

# Eligible Institutions Cont.

## Tennessee College of Applied Technology

- ▶ Chattanooga
- ▶ Covington
- ▶ Crossville
- ▶ Crump
- ▶ Dickson
- ▶ Elizabethton
- ▶ Harriman
- ▶ Hartsville
- ▶ Hohenwald
- ▶ Jacksboro
- ▶ Jackson
- ▶ Jackson/Lexington
- ▶ Knoxville
- ▶ Memphis
- ▶ Morristown
- ▶ Murfreesboro
- ▶ Nashville
- ▶ Newbern Oneida/Huntsville
- ▶ Paris
- ▶ Pulaski
- ▶ Ripley
- ▶ Shelbyville
- ▶ Whiteville

# Procedures

1. Must apply and get accepted at an eligible institution prior to filling out forms for educational assistance benefit.
2. Register for the course(s) for the current semester at the school you are attending.

Employees can attend two schools at the same time *(with some restrictions)*

3. Fill out and complete the appropriate educational assistance form(s).
4. Sign and date form.
5. **Obtain departmental signatures, account number(s) and dates.**

# Procedures cont.

1. Obtain Human Resources approval as early as:  
**FALL Semester- July 1<sup>st</sup>**  
**SPRING Semester- Dec. 1<sup>st</sup>**  
**SUMMER Semester- April 1<sup>st</sup>**
2. Maintain a copy for your personal files.
3. Submit approved forms to the Bursars Office of the school that you are attending. *(Most schools require original copies.)*
4. Within 30 days of the end of the term, employee must submit a copy of grades-*with the exception of the U of M and SWTCC.*

# TBR P130

Use for one class at all schools except UT Campuses.

Must be a full-time 100% employee

Use for all Tennessee College of Applied Technology Centers.

Use for the **FIRST** class, if taking more than one class at all schools except UT Campuses.

- Most difficult
- Most Credit hour class  
(4 credit hours max/ 120 clock hours max)
- No reimbursement required
- Can only use **4 times in a year** and only **1 per semester**

\*\*Some schools may allow less than 4 per year

THE UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER  
**TENNESSEE BOARD OF REGENTS SCHOOLS**  
**P-130 FORM**

Please Check One:  
 Austin Peay State Univ.  
 Dyersburg State Univ.  
 Jackson State Comm.  
 Middle TN State Univ.  
 SW TN Comm. College  
 TN School of Tech.  
 University of Memphis  
 Other  
Please Specify: \_\_\_\_\_

(To be completed by the employee)

Semester \_\_\_\_\_ Year \_\_\_\_\_ UT Personnel #/ SSN: \_\_\_\_\_

Name \_\_\_\_\_ S.I.D. #: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Street City State Zip

Name of Employing Institution: UT Health Science Center Phone: ( ) - \_\_\_\_\_

As a full-time faculty or staff member of a Tennessee public college, university or vocational-technical school, I understand that pursuant to Chapter 191 of the Public Acts of 1985:

1. I am entitled to a waiver of fees for one course per term or semester at any public college, university, or vocational-technical school in the State of Tennessee.
2. I will be assessed and expected to pay fees at the prevailing term or semester hour rate for all courses taken in excess of one course per term or semester.
3. Should I cease to be employed on a regular full-time basis by a Tennessee public college, university, or vocational-technical school, I will not be eligible for this benefit in the future.
4. If following my enrollment in a course and if upon verification of my employment status, I am found to be ineligible for this benefit; I will be responsible for payment of all previously waived fees plus any other applicable charges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Course # \_\_\_\_\_ Course Title \_\_\_\_\_ Hrs. of Credit \_\_\_\_\_

Section # \_\_\_\_\_ Course Begin Date \_\_\_\_\_ Course End Date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Administration Approval \_\_\_\_\_ Date \_\_\_\_\_

**HUMAN RESOURCES COMPLETES THIS SECTION**

Date of Regular Employment _____	Percent Full-time _____
Approved _____	Date _____

Note to accepting institutions: This employee has been approved to participate in the P-130 Program. The accepting institution/school will not be liable for any fees due as a result of the above employee's enrollment in the referenced class.

Revised 06/2017

# TBR Fee Waiver

Use for the second and third class taken, if taking more than one (1) class in a semester at TBR schools.

- Use if you are attending more than one school.
- Use this form if you are a part-time employee (50-99%)
  - 50-74% of work effort = up to 4 credit hours per semester
  - 75-99% of work effort = up to 6 credit hours per semester
- Use for less difficult class
- Least credit hour class
- Will request grades

Reimbursement **IS** required if class is failed, dropped, or if employee is terminated or resigns.

**TENNESSEE BOARD OF REGENTS  
FEE WAIVER AUTHORIZATION AND INVOICE**

FACULTY  
 STAFF  
 RETIREE

UNDERGRADUATE  
 GRADUATE

SELECT COURSE TYPE FROM THIS LIST:

REGENTS ONLINE DEGREE PROGRAM (RODP)  
 ONLINE CLASSES

BILLING ADDRESS:  
The University of Tennessee Health Science Center  
Department of Human Resources  
Attn: Benefits Department  
910 Madison Ave, Suite 727  
Memphis, TN 38163

SERVICES AUTHORIZED FOR: \_\_\_\_\_

SSN/ UT PERSONNEL NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_

Course No.	Section No.	Course Title	Begin Date	End Date	Hours	Authorized Amount (HR USE ONLY)
<b>Totals</b>						

This authorization is for registration at \_\_\_\_\_ for the \_\_\_\_\_ term/semester, 20\_\_\_\_ ONLY. This authorization is for the course(s) named above. In the event there are changes in the course(s) described above, the supervisor must be informed and approval of the changes documented and mailed to 1.) Human Resources, 910 Madison Avenue, Suite 727 Memphis, TN 38163 and 2.) the school the employee is attending. The employee agrees to reimburse the Educational Assistance account for failure to complete the course(s) or undocumented changes. In addition, the employee authorizes the school at which these courses are taken to provide to UT Human Resources a copy of their grades at the end of the session.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER/EXTENSION

**EDUCATIONAL ASSISTANCE APPROVALS**  
I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the above employee is a regular full time employee or regular part-time (50% or greater) or eligible retiree, and is eligible to participate under the revised guidelines.

AUTHORIZATION IS HEREBY GRANTED FOR THE ABOVE COURSE(S) IF OFFERED AS SCHEDULED.

\_\_\_\_\_  
(Approval of Supervisor)      Date

\_\_\_\_\_  
(Signature of Approving Officer- HR) Date

\_\_\_\_\_  
(Approval of Department Chairman or Director)      Date

\_\_\_\_\_  
(Budget Approval)      Date

Revised 06/2013

# Certificate of Intent

- ▶ Use if taking more than one (1) class in a semester at all schools except UT campuses.
- ▶ Please make sure all information on Certificate of Intent is accurate and up to date.
- ▶ Can be used to request grades from school for billing purposes.

The University of Tennessee Health Science Center  
**CERTIFICATE OF INTENT**

I understand that through my participation in the Fee Waiver Educational Assistance Program, I am assuming certain obligations and responsibilities to The University of Tennessee Health Science Center.

I have read and understand the following statements and I agree that:

- A. Should I fail to pass the course(s), or
- B. Should I, of my own volition, fail to complete the above course(s) listed on the Fee Waiver Form, or
- C. Should I terminate my employment prior to the completion of the course(s), or
- D. Should I receive educational assistance from any other source for these charges (such as Veteran's benefits, etc.)

I am then obligated to reimburse the University in a lump sum payment for the amount of tuition waived. I agree to authorize the institution in which I am enrolled, to furnish a copy of my grades to The University of Tennessee Health Science Center, Human Resources within thirty (30) days of completion of the course(s). Failure to meet the above conditions requires full repayment for the amount of tuition waived within sixty (60) days of the completion of the course(s) or by payroll deduction, which I hereby authorize.

**\*PLEASE PRINT BELOW\***

NAME \_\_\_\_\_ SSN \_\_\_\_\_ PERSONNEL NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

UTHSC MAILING ADDRESS \_\_\_\_\_ UT EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Are you eligible for student benefits as a veteran? Yes  No

Do you receive or plan to request such assistance? Yes  No

How is this course beneficial to your present job or one in which you may be promoted at UTHSC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Graduation Date** \_\_\_\_\_

\*To assist in receiving approval for this course, attach a copy of the course description, which is listed in the school catalog.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# Oops! What's the Reimbursement Process?



- **Request grades**
  - Except for University of Memphis , Southwest Community College, and any UT school
- **Send an Active Owed Letter**
  - 2 weeks to respond to the letter
- **Two payment options**
  - Money order or cashier's check
  - 8 Bi-weekly or 4 Monthly payroll deductions

# UTHSC Fee Waiver

- ▶ Form for **UTHSC ONLY**.
- ▶ Use for all classes taken at the Health Science Center.
- ▶ Approved forms need to be taken to the UTHSC Bursars office.
- ▶ You need at least 2 out of the 3 signatures.

**THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER**  
**Fee Waiver Authorization and Invoice**  
 (Use for classes taken at UTHSC only)

Human Resources Department  
 910 Madison Avenue, Suite 727 – Memphis, TN 38163

Name \_\_\_\_\_ Personnel No. \_\_\_\_\_ S.I.D. \_\_\_\_\_  
 Title \_\_\_\_\_ College/Division \_\_\_\_\_

Department \_\_\_\_\_ Account Number \_\_\_\_\_  
 Department \_\_\_\_\_ Account Number \_\_\_\_\_  
 Department \_\_\_\_\_ Account Number \_\_\_\_\_

**Request for Waiver of Fees**  
 (To be completed by employee)

I hereby request Waiver of Fees and permission to enroll in the following course(s) for \_\_\_\_\_ semester hours of credit during the \_\_\_\_\_ semester of 20 \_\_\_\_\_ at UT Health Science Center.

Type Credit Grad/Undergrad	Course Number	Course Title	Begin Date	End Date	Hours
<b>Total</b>					

You will be charged pro rata fees if: 1) employed less than 100% Regular full-time 2) register for hours in excess of the fee waiver benefits.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NUMBER/EXTENSION \_\_\_\_\_ ANTICIPATED GRADUATION DATE \_\_\_\_\_

I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the employee is a regular full time employee or regular part-time (50% or greater), and is eligible to participate under the revised guidelines.

It is my opinion that the course(s) required will be to the direct benefit in the employee's position. Authorization is hereby granted for the above course(s) if offered as scheduled.

\_\_\_\_\_  
 (Approval of Supervisor) Date \_\_\_\_\_ (Approval of Department Chair or Director) Date \_\_\_\_\_

\_\_\_\_\_  
 (Approval of Dean) Date \_\_\_\_\_

**HUMAN RESOURCES REPRESENTATIVE TO COMPLETE THIS SECTION**

Date of Employment \_\_\_\_\_ Percent Full-Time \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

**BUSINESS OFFICE TO COMPLETE THIS SECTION**

Waiver Code \_\_\_\_\_ Tuition \_\_\_\_\_ Discount \_\_\_\_\_

Accepted by \_\_\_\_\_ Bursar's Date Entered \_\_\_\_\_

Revised 06/2013

# UT Systems Fee Waiver

- ▶ This is a **UT FEE WAIVER FORM** for taking classes through **University of Tennessee**.
- ▶ Only use this form for classes at
  - **UT-Knox**
  - **UT-Chattanooga**
  - **UT-Martin**

THE UNIVERSITY OF TENNESSEE  
**Employee Request for Course Approval and Waiver of Fees**

This form is used to request approval to enroll in courses for credit in accordance with the Educational Assistance (Fee Waiver) Policy No. 330.

**INSTRUCTIONS:** Please complete Sections I and II and forward to your Human Resources Office at least 20 days prior to registration to ensure adequate time for processing. The approved form will be returned to you.

You will be charged pro rata fees if you: 1) Are employed less than 100% full-time, and/or 2) Register for hours in excess of the fee waiver benefit.

**NOTE: You will be responsible for payment of late registration fees if this form is not submitted by the payment due date.**

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**I. Employee**—Please complete this section as applicable.

Employee Name (please print) \_\_\_\_\_ Personnel No. \_\_\_\_\_ SSN \_\_\_\_\_ Campus/Office Address \_\_\_\_\_ Campus/Office Phone No. \_\_\_\_\_

**Distributions:**

Department	Cost Center/WBS	Percent of Effort
Department	Cost Center/WBS	Percent of Effort
Department	Cost Center/WBS	Percent of Effort

I hereby request approval for waiver of \_\_\_\_\_ (may not exceed 9) hours of credit during the \_\_\_\_\_ term \_\_\_\_\_ at the \_\_\_\_\_ Campus.  
(Summer/Fall/Winter/Spring) (number) (year)

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

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Retired from UT \_\_\_\_\_ on \_\_\_\_\_ with 10 or more years of full-time/part-time \_\_\_\_\_ service. If part-time, provide percent of effort: \_\_\_\_\_

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**II. DEPARTMENT HEAD**—Please complete this section. (Retirees omit this section.)

I approve this request. Satisfactory work schedule arrangements have been made to ensure that this employee will complete a full work schedule based on his/her percent time.

**Dept. Head Signature** \_\_\_\_\_ Date: \_\_\_\_\_

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**III. HUMAN RESOURCES**—Complete this section.

Regular Continuous Service Date: \_\_\_\_\_ Percent Full-time: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 6/03    White - Employee    Pink - HR

# Spouse & Dependent Form

- ▶ Spouse or dependents will receive 50% off in-state maintenance fees
- ▶ Part-time employees must have at **least one year of service.**

Benefit will be pro-rated based on % of effort

- ▶ Eligible for **undergraduate** coursework only

Dependents must be **26 years** of age and under to use benefit

The University of Tennessee Health Science Center  
**SPOUSE OR DEPENDENT FEE DISCOUNT FORM**  
 910 Madison Ave, Suite 727, Memphis, TN 38163

This form is to request approval for a student fee discount for undergraduate students in accordance with Personnel Policy 331, Educational Assistance (Student Fee Discount) For Spouses and Dependent Children of Employees.

**Instructions:** Please complete Section I below, have your department head complete Section II, and forward this form to your Human Resources Office at least 20 days prior to registration to ensure adequate time for processing.

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**I. Employee – Please complete this Section**

Employee Name _____	Personnel No. _____	SSN _____	Campus Office Address _____
Responsible Account No. _____	Responsible Account Name _____	Campus/Office Phone No. _____	
Responsible Account No. _____	Responsible Account Name _____	Campus/Office Phone No. _____	
Responsible Account No. _____	Responsible Account Name _____	Campus/Office Phone No. _____	

**Spouse/Dependent Child Information:**

Name of Spouse/Dependent Child _____	SSN _____	Relationship _____
Date of Birth (if child) _____	Campus Enrolled _____	Academic Term and Year _____

**Employee Certification:**  
 I hereby certify that the above information is correct and that I and my spouse or dependent child meet the eligibility requirements for a student fee discount at The University of Tennessee in accordance with Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees. I understand that it is my responsibility to notify the Human Resource Office of any change in my eligibility for this benefit. I also understand that any falsification of this information or misrepresentation of facts may result in disciplinary action, liability for repayment of fees, or other legal actions.

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

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**II. Department Head – Please verify the account number(s) above and complete this section**

I hereby certify that to the best of my knowledge the above named employee and spouse or dependent child are eligible for this benefit.

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

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**III. Human Resources Office – Complete this Section**

Regular Continuous Service Date \_\_\_\_\_ Percent Full-Time \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

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**IV. Business Office (Fees Collection) – Complete this Section**

Fee Receipt Number \_\_\_\_\_ Amount Waived \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Revised 06/2013

# TBR Fee Waiver for Retirees



- ▶ Use for all classes taken during the semester at all schools.
- ▶ Use if you are attending more than one school.
- ▶ **Benefit applicable after 10 years of service**
- ▶ No departmental signature required
- ▶ Reimbursement **IS** required if class is failed or dropped

FACULTY  
 STAFF  
 RETIREE

**TENNESSEE BOARD OF REGENTS  
FEE WAIVER AUTHORIZATION AND INVOICE**

UNDERGRADUATE  
 GRADUATE

SELECT COURSE TYPE FROM THIS LIST:  
 REGENTS ONLINE DEGREE PROGRAM (RODP)  
 ONLINE CLASSES

BILLING ADDRESS:  
 The University of Tennessee Health Science Center  
 Department of Human Resources  
 Attn: Benefits Department  
 910 Madison Ave, Suite 727  
 Memphis, TN 38163

SERVICES AUTHORIZED FOR:

NAME \_\_\_\_\_ SSN/ UT PERSONNEL NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_

Course No.	Section No.	Course Title	Begin Date	End Date	Hours	Authorized Amount (HR USE ONLY)
<b>Totals</b>						

This authorization is for registration at \_\_\_\_\_ for the \_\_\_\_\_ term/semester, 20\_\_\_\_ ONLY. This authorization is for the course(s) named above. In the event there are changes in the course(s) described above, the supervisor must be informed and approval of the changes documented and mailed to 1.) Human Resources, 910 Madison Avenue, Suite 727 Memphis, TN 38163 and 2.) the school the employee is attending. The employee agrees to reimburse the Educational Assistance account for failure to complete the course(s) or undocumented changes. In addition, the employee authorizes the school at which these courses are taken to provide to UT Human Resources a copy of their grades at the end of the session.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NUMBER/EXTENSION \_\_\_\_\_

**EDUCATIONAL ASSISTANCE APPROVALS**  
 I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the above employee is a regular full time employee or regular part-time (50% or greater) or eligible retiree, and is eligible to participate under the revised guidelines.

AUTHORIZATION IS HEREBY GRANTED FOR THE ABOVE COURSE(S) IF OFFERED AS SCHEDULED.

\_\_\_\_\_  
 (Approval of Supervisor)      Date

\_\_\_\_\_  
 (Signature of Approving Officer- HR) Date

\_\_\_\_\_  
 (Approval of Department Chairman or Director)      Date

\_\_\_\_\_  
 (Budget Approval)      Date

Revised 06/2013

# Certificate of Intent for Retirees

- ▶ Use if taking classes at all schools except UT Campuses.
- ▶ Please make sure all information on Certificate of Intent is accurate and up to date.
- ▶ Can be used to request grades from school for billing purposes.

The University of Tennessee Health Science  
**CERTIFICATE OF INTENT**  
(RETIREES)

I understand that through my participation in the Fee Waiver Educational Assistance Program, I am assuming certain obligations and responsibilities to The University of Tennessee Health Science Center.

I have read and understand the following statements and I agree that:

- A. Should I fail to pass the course(s), or
- B. Should I, of my own volition, fail to complete the above course(s) listed on the Fee Waiver Form, or
- C. Should I receive educational assistance from any other source for these charges (such as Veteran's benefits, etc.)

I am then obligated to reimburse the University in a lump sum payment for the amount of tuition waived. **I agree to authorize the institution in which I am enrolled, to furnish a copy of my grades to The University of Tennessee Health Science Center, Human Resources within thirty (30) days of completion of the course(s).** Failure to meet the above conditions requires full repayment for the amount of tuition waived within sixty (60) days of the completion of the course(s).

\*PLEASE PRINT BELOW\*

NAME \_\_\_\_\_ SSN \_\_\_\_\_ PERSONNEL NO. \_\_\_\_\_

FORMER DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

Are you eligible for student benefits as a veteran? Yes  No

Do you receive or plan to request such assistance? Yes  No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Retiree Spouse & Dependent Form

- ▶ This will be used by retirees for their spouse or dependents.
- ▶ It will also be used by the spouse or dependents of deceased employee.
- ▶ Departmental signatures are not required

The University of Tennessee Health Science Center  
**SPOUSE AND/OR DEPENDENT CHILDREN STUDENT FEE DISCOUNT FORM**  
 (Retirees or Deceased Employees)  
 910 Madison Ave, Suite 727, Memphis, TN 38163

This form is to request approval for a student fee discount for undergraduate students in accordance with Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees.

EMPLOYEE NAME		HR USE ONLY			
SPOUSE'S NAME		SOCIAL SECURITY NUMBER		EXP. DATE	
<b>DEPENDENT CHILDREN 26 YEARS OF AGE OR UNDER</b>					
NAME	Academic Term & Year	INSTITUTION	SOCIAL SECURITY NO.	DATE OF BIRTH	EXP. DATE

I hereby certify that the above information is correct and that the name(s) listed above meet the eligibility requirements for a Student Fee Discount at The University of Tennessee in accordance with Personnel Policy 331, Educational Assistance (Student Fee Discount) for Spouses and Dependent Children of Employees.

\_\_\_\_\_  
**Signature of Retiree or Employee's next of kin**
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Employee (If next of kin)**

NOTE: If spouse or dependent child is receiving Title IV Aid, the Financial Aid Office must be notified as this benefit may require adjustment of Financial Aid awarded.

**To Be Completed by the Human Resources Department**

Employee Name \_\_\_\_\_ Job Class Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Percent Full Time \_\_\_\_\_

Regular Continuous Service Date \_\_\_\_\_ Responsible Account Number \_\_\_\_\_

Personnel Number \_\_\_\_\_ Responsible Account Number \_\_\_\_\_

Former Department \_\_\_\_\_ Date of Retirement/Death \_\_\_\_\_  
(Circle One)

Approved \_\_\_\_\_ Date \_\_\_\_\_

**Business Office (Fees Collection) - Complete this Section**

Fee Receipt Number:	Amount Waived:
Date:	Initials:

Revised 06/2013



# Employee Request for Job Related Tuition Waiver

- IRS allows exemption from taxation of tuition waivers above \$5,250
- Department Head approval is required
- Submit forms to Gina Walkowiak  
[gwalkowi@utk.edu](mailto:gwalkowi@utk.edu)

## THE UNIVERSITY OF TENNESSEE Employee Request for Job Related Tuition Waiver

An employer may pay graduate tuition and educational related expenses or provide tuition reduction on a tax-free basis if the tuition qualifies as a working condition fringe benefit under Code Section 132 (i.e., if the tuition were directly paid by the employer, a deduction would be allowed under Code Section 162 or 167).

Employee Name \_\_\_\_\_

Employee Title \_\_\_\_\_ PER# \_\_\_\_\_

Responsible Department \_\_\_\_\_ Semester/Year \_\_\_\_\_

### DEFINITION OF "JOB RELATED" EDUCATION

The Internal Revenue Service (IRS) states that "job related" education must

- be required by your employer or the law to keep your present salary, status, or job (and serve a business purpose of your employer) **OR**
- maintain or improve skills needed in your present job

**\*\*NOTE:** The IRS also requires you to be **established** in a trade or business **before** starting your coursework and excluding from your income any educational assistance provided by your employer. Carrying on a trade or business has been defined as entailing considerable continuous and regular activity.

HOWEVER, even if your education meets one of the above requirements, it is NOT excludable if it

- is needed to meet the minimum educational requirements of your present trade or business **OR**
- is part of a program of study that can qualify you for a new trade or business, even if you have no plans to enter that trade or business.

(A change of duties is NOT a new trade or business if the new duties involve the same work you did in your old job.)

### DOCUMENTATION OF "JOB RELATED" EDUCATION

Yes  No My program of study is job related. (If NO, benefit is taxable and you DO NOT NEED to complete the rest of this section.)

Describe the content of the course(s) you are taking this semester/summer session:

Describe how the knowledge learned in the above course(s) will improve or enhance your ability to perform your current job (attach additional sheets if necessary)\*:

I request that the value of the waiver for the above job related course(s) be excluded from my taxable income.

\_\_\_\_\_  
Signature of Employee                      Date

I have reviewed the above statements and agree that the above course(s) are "job related" as defined above.

\_\_\_\_\_  
Signature of Department Head                      Date

\*Below is a generic statement that may be used as a guide in developing your own explanation:  
"This course provides me with knowledge of statistical processes and methods of interpreting data that are beneficial in my daily activities of compiling and analyzing enrollment data to facilitate managerial decisions."

# Contact Information



Benefits Office  
Educational Assistance  
910 Madison RM 753

901-448-5601

[//uthsc.edu/hr/benefits/educational\\_assistance.php](http://uthsc.edu/hr/benefits/educational_assistance.php)

[clyles4@uthsc.edu](mailto:clyles4@uthsc.edu)

# Thank you!



# HR128

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Employee Professional Development and  
Training



# UT System Policy

- Campus leaders are responsible for ensuring training needs are met.

- 
- Professional development and training should be planned individually during the employee's annual performance review, and throughout the year based on ongoing coaching and evaluation of performance, and assessment of organizational needs.
  - Employees are **strongly encouraged** to seek professional development aligned with their current job and career aspirations at UT.
  - Supervisors are **strongly encouraged** to support employees' participation in a minimum of 32 hours of training and development activities per year.
  - Compensation for time spent in approved professional development activities should be consistent with Fair Labor Standards Act regulations.

# K@TE

- 
- UT system platform for online learning
  - SkillSoft and LinkedIn courses available
  - K@TE Helpdesk
  - Accessible from <https://www.uthsc.edu/hr/training/index.php>



## Welcome to K@TE

K@TE (pronounced "Kate") represents "Knowledge and Training Excellence" and is the University of Tennessee's comprehensive Learning Management System for training and professional development.



# LinkedIn Learning

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- Sponsored for employees by UTHSC
- Connect to your LinkedIn account
- Accessible from <https://itservices.uthsc.edu/services/linkedinlearning/>
- Link to this page on HR Training webpage



# Blackboard

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- Primarily used for students and faculty, but some staff courses
- Managed by **The Teaching and Learning Center (TLC)**
- Houses
  - IT Security Training
  - Title IX (as of 2020)
  - COVID-19 Return to Campus Training

# CAP Exam

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- UT Policy HR0465
- Successful completion of certification through IAAP is rewarded by a one-time 9% pay increase
- Only certain positions are eligible
- <https://www.uthsc.edu/hr/training/cap-exam.php>



# HR Training Calendar

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- Location of Instructor Lead Training for UTHSC
- Human Resources and other departmental course offerings
- Accessible on <https://www.uthsc.edu/hr/training/index.php>



# Training Certificate Programs

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- **Office of Human Resources**
  - Star Achievement
  - Supervisory Foundations (*offered with EOD*)
  - Customer Communication Certificate (*coming soon!*)
- **Office of Employee Organizational Development (EOD)**
  - Online certificates
  - <https://hr.tennessee.edu/training/online-training/certificate-programs/>
- **Office of Equity and Diversity (OED)**
  - Diversity Certificate Program
  - Diversity Passport Program

# Accumulate Credit through Non-UT sponsored resources:

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WEBINARS



CONFERENCES



COLLEGE COURSES

# Additional Training Credit Form

<https://www.uthsc.edu/hr/training/index.php>

The University of Tennessee Health Science Center  
Human Resources  
**Request for Additional Training Credit**

This form may be submitted to request additional training credit for courses taken outside the UT Human Resources office. Please include all requested information.

Employee Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Personnel # \_\_\_\_\_ Title \_\_\_\_\_  
Responsible Cost Center # \_\_\_\_\_ Cost Ctr Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Event Information:**  
Title of Event: \_\_\_\_\_  
Date(s) Attended: \_\_\_\_\_ to \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Number of Training Credit Hours Requested: \_\_\_\_\_  
Please provide a brief description of the purpose of the program:  
\_\_\_\_\_  
\_\_\_\_\_

**Event Category:**  
 Class  Web-based Training  Conference/Seminar  
 Institute  CPS Recertification

**Presenter(s) Information (if applicable):**

Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee
Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee
Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee
Name: _____	<input type="checkbox"/> UT Employee	<input type="checkbox"/> Non-UT Employee

**Signatures:**

_____	_____	_____	_____
Employee Signature	Date	Department Head Signature	Date

Please return completed form to:  
The University of Tennessee  
Human Resources  
910 Madison, Suite 727  
Memphis, TN 38163

For questions, call the HR office, (901) 448-5500

AddTrOrd (rev) - 11/04/2005