



Union Education Trust  
Shaping Your Future

# EDUCATIONAL BENEFIT TAX EXEMPTION FORM

(Request for employer determination of qualifying work-related education)

## DIRECTIONS:

- 1) Complete sections A, B, C, and D.
- 2) Take the form to your agency's HR department to complete section E.
- 3) Submit your signed application to UET by mail, fax or e-mail.

If you have any questions regarding your application or the application process, contact the Union Education Trust at 1-866-436-7900 or by email at [support@uedtrust.org](mailto:support@uedtrust.org)

### **Important**

To ensure timely processing, this form must be received by UET within thirty (30) days from the date when the application for reimbursement, pre-payment or voucher was received.

Rev. 2018-10

## Section A: EMPLOYEE INFORMATION

EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Job or Working Title: \_\_\_\_\_ State Agency: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

## Section B: SCHOOL & COURSE INFORMATION

School or Training Provider Name: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

Term Start Date: \_\_\_\_\_

This course is a: (Check One)

College credit course  Conference, seminar, or workshop

Non-college credit course  Other

## Section C: EXPLANATION

**Fully explain the purpose of this training and how it relates to your position with the agency.**  
Attach any additional documentation to support this training as needed or required (e.g., official course description, agenda, a separate sheet of explanation etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section D: EMPLOYEE SIGNATURE

**AGREEMENT:** I represent that the information in the application is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

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

**MAIL OR FAX YOUR COMPLETED APPLICATION TO:**

Union Education Trust  
P.O. Box 3270  
Westerville, OH 43086  
Fax: 1-866-436-7983

## Section E: AGENCY DETERMINATION

**For Agency HR Office Use Only**

By placing my signature below, I verify that I have conducted an analysis pursuant to the guidance laid out by the IRS in Publication 970 as it relates to which tuition expenses are exempt/not exempt from taxation and have determined the above-referenced as qualifying work-related education.

\_\_\_\_\_

Management Representative Signature, Title Date