

## **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) Upload your signed form at <u>MyUET</u> or submit 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 e-mail at <a href="mailto:support@uedtrust.org">support@uedtrust.org</a>

## **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. 2019-03

Section A:	EMPLOYEE INFO	RMATION	
EMPLOYEE IDENTIFICATION NUM	BER:		
Last Name:			
Job or Working Title:			
Daytime Phone Number:			
Section B: SCHOOL & COURSE INFORMATION			
School or Training Provider Name:			
Course Title:			
Term Start Date:			
This course is a: (Check One)			
☐ College credit course		☐ Conference, semin	ar, or workshop
☐ Non-college credit course		□ Other	-
Section C:	EXPLANAT	TION	
Section D: EMPLOYEE SIGNATURE			
AGREEMENT: I represent that the informati my knowledge and belief.  Signature:		e and accurate to the best of	Submit Your Signed From  V_UPLOAD: Www.UEdTrust.org/MyUET;  1-866-436-7983  V_EMAIL: Support@UEdTrust.org; OR  Union Education Trust P.O. Box 3270  Westerville, OH 43086
Section E: AGENCY DETERMINATION			
For Agency HR Office Use Only  By placing my signature below, I verify Publication 970 as it relates to which tuit referenced as qualifying work-related ed  Management Representative Signature,	that I have conducted tion expenses are exemucation.	an analysis pursuant to th	- ·
Management Representative Signature,	TIUC		Date