

Payroll Deduction Form

1. Read the rules, regulations and conditions section in **APM 03-0910**. Full-time employees and their dependents and regular part-time employees who participate in the Payroll Deduction Authorization program must complete a Payroll Deduction Authorization in Lieu of Payment of Tuition and Fees for courses to be taken by the employee and dependent(s) and meet the criteria stated above.
2. Full-time employees and their dependents and regular part-time employees shall be reimbursed for matriculation, tuition and standard fees for the course(s) taken at FSCJ provided the full-time or regular part-time employee was employed by the College prior to the beginning of the class and remains a full-time or regular part-time employee through the ending date of the class based on encoded dates of the class.
3. Employees and/or dependents must satisfactorily complete the course by receiving a final grade other than "F" (an employee or dependent who withdraws from a course has not met the requirement of satisfactory completion).
4. Employees and/or dependents who do not successfully complete their coursework agree to repay the College and authorize the Payroll Department to deduct from the employee's payroll check the amount of course tuition and fees due in six (6) equal installments immediately following the term taken.
5. Per Florida Statute 1009.21 (10), full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children shall be classified as residents for tuition purposes.

Employee's Name: _____ EMP ID: _____

Employee's Signature: _____ Date: _____

Select the enrollment term for you or your dependent (one form per person/per term)

Fall Term: Spring Term: Summer Term: Year: _____

Eligible dependents shall only include the spouse and any dependent children under the age of twenty-six (26). Dependent children who are permanently disabled and who are living at home with a full-time employee are eligible at any age. **APM-03-0910**

Spouse/ Dependent Name: _____ EMP ID: _____

Dependent Date of Birth: _____ Check one: Spouse Dependent

Spouse/ Dependent's Signature: _____ Date: _____

Email forms to Human Resources for validation: HumanResources@fscj.edu or StudentFinancialServices@FSCJ.edu. Once validated, Student Financial Services will process the waiver. Visit [FSCJ's Important Dates](#) for payment deadlines.

HR/ Student Financial Services Use Only

Approved by: _____ Signature: _____ Date: _____

Entered by: _____ Signature: _____ Date: _____