

**EMPORIA STATE UNIVERSITY
APPLICATION FOR FEE EXEMPTION
FOR EMPLOYEES OF "STATE EDUCATIONAL INSTITUTIONS"
as defined by K.S.A. 76-711(a)**

SECTIONS A & B TO BE COMPLETED BY EMPLOYER ONLY

A. Verification

I verify that _____ is employed at least 50% time
(employee's name)
appointment or equivalent by _____ as of _____
(name of university) (mo/day/year)
as a _____.
(position title)

This employee was hired for at least 50% time appointment or equivalent, is STILL employed, and is expected to be employed with the university listed below on the basis for at least one year from the effective date above.

University Name: _____
University Address: _____

B. Required signature (MUST BE NOTARIZED)

1. Human Resource Director or equivalent

(Name, printed) _____ (Title) _____
(Work address) _____
(Signature) _____ (Date) _____
(Work Phone #) _____

Notarization

Subscribed and sworn to/affirmed before me this _____ day of _____, 20 _____,
at _____, _____.
(city) (state)

My appointment expires: _____ /s/ _____.

----- BOTH SIDES MUST BE COMPLETED BEFORE RETURNING -----

RETURN TO:

Emporia State University
Cashiering Services
Campus Box 4080
1200 Commercial St.
Emporia, KS 66801
620-341-5135
Fax: 620-341-6770

DEADLINE:

Before the 1st day of class