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

"State educational institution" means the University of Kansas, Kansas State University of Agriculture and Applied Science, Wichita State University, Emporia State University, Pittsburg State University, and Fort Hays State University.

This application must be completed before fee exemption can be granted.

1. This application is for (Check ONE ONLY)
   [ ] Fall 20______    [ ] Spring 20_______    [ ] Summer ______

2. __________________________________________________
   Student’s Last Name, First, MI

   ________________________________
   Student ID Number

3. Current address _____________________________________________________________
   Street and Number or Rural Route (P.O. Box not sufficient)
   _____________________________________________________________
   City               State       Zip
   ___________________________  _____________________________
   Home Phone     Work Phone

4. How many credit hours will you be taking this semester? _______________
   [ ] Full Time   [ ] Part Time

5. When did your current period of employment begin? (month/day/year) _______________

Please send to Human Resources:
Employer must complete other side

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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:          DEADLINE:
Emporia State University Before the 1st day of class
Cashiering Services
Campus Box 4080
1200 Commercial St.
Emporia, KS 66801
620-341-5135
Fax: 620-341-6770

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