TUITION REMISSION

LUNCH HOUR WAIVER

CWID _____

Last Name: _____ First Name: _____

Year: _____

Semester: _____

I _____ (employee name) request to waive my lunch hour in order to attend class(es) here on the campus of Seton Hall University on the days indicated below. I understand that I may use no more than five (5) hours per week to attend class(es) only. I further agree to resume my job duties immediately upon return from the class.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Employee's Signature:_____ Date:_____

I hereby approve employee's request to waive the lunch hour in order to attend class(es).

Supervisor's Signature:_____ Date:_____

Print Supervisor's Name:_____

Please submit the completed form to the Department of Human Resources at least two weeks before the start of classes.

For assistance, contact: HRTuitionBenefits@shu.edu

July 2026