ANY RA/GA/TA WHO IS EXEMPT FROM PAYING LOCAL OCCUPATIONAL LICENSE FEE (LOCAL CITY TAX) FORM CITY TAXES, COMPLETES THIS Exemption under the Wimberly C. Royster Memo FORM EACH SEMESTER.

Research, Teaching and Graduate Assistant(s):

This form is to be used to allow exemption from the Lexington Oc C. Royster Memo. Please complete a separate form for each assig	nment which meet the requirements for exemption, unless
assignments are within the same department. Please read and in understand the following:	itial only the requirements you meet. By initialing below you
I have been admitted to the Graduate School and I am or doctorate) at the University of Kentucky.	enrolled in a graduate degree program (masters, specialist,
I have been awarded a Research or Teaching or Gradua meeting the requirements of my specific graduate degree progra	te Assistantship on the basis of qualifications and I am successfully m.
services rendered to the hiring department or hiring official. $\ensuremath{\text{N}}$	e Assistantship are primarily for my academic benefit and not for My duties as a Graduate Assistant are primarily for the purpose of gree requirements such as teaching experience or research for my
I am a Research or Teaching or Graduate Assistant who qualify for this exemption)	is classified in "post-baccalaureate" status. (This status does not
	are employed by a department or program other than the one in e. a student enrolled in Electrical Engineering but is employed by gainful employment".
I am enrolled in a doctoral or Plan A (thesis) program. (This status qualifies for the exemption)
I am enrolled in a Plan B (non thesis) program. (This sta	tus does not qualify for the exemption)
Reason for submitting form: Wimberly C.Royster Memo	
Exemption from the local tax is valid for the <u>current semester or</u> <u>department</u> at the beginning of each semester you qualify for th	
Employee Name:	Student ID Number:
Semester Bricerye Butc.	Dept Name and Org. #
Pernr (Assignment) Number(s):	
	artment. Otherwise, you will need to submit a seperate form for each perner/assignment.**
RA/TA/GA signs form here	
Employee Signature	complete document. Additionally, I realize it is my responsibility
to notify Payroll Services of any change(s) in my status during the	· · · · · · · · · · · · · · · · · · ·
HR Admin or Bus Officer signs he	re Add your phone number
Business Officer	Phone Number
have reviewed and verified that the information on this form is a	

EMAIL TO Agbusinesscenter@uky.edu--DO NOT SEND DIRECTLY TO PAYROLL