

**SECTION I – Employee Information (to be completed by employee for each term of enrollment)**

Name:		Employee ID:	Classification Title:
Department:		Email Address:	
Campus, Campus Address & Phone:		Time Base: ___ Full time ___ Part time Status: ___ Permanent ___ Probationary ___ Temporary (appt. exp. _____) Class Standing: ___ Fresh. ___ Soph. ___ Jr. ___ Sr. ___ Credential ___ Graduate	
Do you have an approved Individual Career Development Plan on file? ___ Yes ___ No If yes, please indicate major:		CSU Campus to Attend:	

**SECTION II – Course Information**

Term and Year	Course Title	Level (Undergraduate or Graduate)	Course Subject, Number & Section	Units	Times	Hours Per Week	WR (Work-Related ) or CD (Career Development)
(Example) Fall 2011	Art	Undergraduate	Art 108 Visual Tech	3	8-10 am	4 Hrs	CD

For work-related courses, please state how each course relates to your present assignment (attach sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III – DEPARTMENTAL REVIEW (to be completed by employee’s supervisor)**

1. Are you granting employee’s request to take one fee waiver course during regularly scheduled work hours? \_\_\_ No \_\_\_ Yes  
 (If yes, please list days and times: \_\_\_\_\_)

2. Will the course require a change in the employee’s work schedule ? \_\_\_ No \_\_\_ Yes

\_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV – EMPLOYEE VERIFICATION AND SIGNATURE**

My signature below is to certify that the information relevant to this request for Employee Fee Waiver is accurate and I acknowledge that I must submit a new form if I wish to request a change (e.g., a different class, adjusted work schedule, etc.). Also, as requested by CSU policy, I agree to provide information concerning my study program and grades received by hereby authorizing the Registrar’s Office to release my transcript of the work completed to Human Resources. Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements.

\_\_\_\_\_  
 Signature of employee requesting fee waiver Date

**OFFICE USE ONLY**

**EMPLOYEE’S EMPLOYMENT STATUS (See Technical Letter HR/Benefits 2011-xx for eligibility criteria):**  
 This employee is:  
 \_\_\_ Faculty or \_\_\_ Staff  
 FLSA Status: \_\_\_ Exempt \_\_\_ Non-Exempt  
 \_\_\_ Eligible for fee waiver benefits or \_\_\_ Not Eligible (Reason: \_\_\_\_\_)

Number of units eligible for: \_\_\_\_\_ Undergrad Units or \_\_\_\_\_ Graduate Units (including Ed.D.)  
 Courses are: \_\_\_ Career Development or \_\_\_ Work-Related (Confirmed? Y N)

**Position #** \_\_\_\_\_ **CBID:** \_\_\_\_\_

**Additional Fees (e.g., extra unit fee, late fees) Total:** \_\_\_\_\_ **Budget Code:** \_\_\_\_\_

**Fee Waiver Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fee Waiver Coordinator Campus:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_