

Submit completed form to payroll@sonoma.edu or  
deliver in person to Salazr Hall, 2079

The CSU Employee Tuition Waiver and Reduction Program provides for the waiver or reduction of certain fees for employees who enroll in work related courses offered by the CSU for the purpose of improving skills for existing jobs, or advancement in accordance with a career development plan.

If you are participating in the Tuition Waiver Program for work related purposes, please complete and submit this form to the Payroll and Benefits Office. Approval and next steps for Admission will then be provided.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Semester: \_\_\_\_\_

Employment Department: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Eligible employees may participate in the Fee Waiver Program in one of two ways:

**Work Related** which requires that courses be taken for the purpose of:

- Improving the level of skill needed to perform existing duties and responsibilities, or
- Acquiring additional skills needed to perform newly assigned duties and responsibilities

**Work Related students are:**

- Not subject to the normal academic evaluation process for acceptance by Admissions
- Unable to declare a major, nor can a degree be conferred
- Required to remain in Good Academic Standing
- Waived Fees are subject to taxation

**Career Development** which requires that courses be taken for the purpose of:

- Matriculating towards a degree or advancing their academic degree
- Enhancing the employee's career in the CSU system
- Required to remain in Good Academic Standing
- Waived Fees are subject to taxation

Internal Revenue Code governs the taxation of employer-provided training and educational assistance, including fee waivers.

Employees enrolled in CSU master's or doctoral level courses will be subject to Internal Revenue Code 127 limit of \$5,250 annually. If the value of these courses exceeds the limit, the difference will be reported to the State Controller's Office. Once reported, this amount will appear as taxable income on a single month's check and the applicable taxes will be deducted.

I certify that I understand the requirements and purpose of the Tuition Waiver Program and that the courses I am taking are considered **work related**.

Employee's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Payroll and Benefits

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_