

## FACULTY AND STAFF EMPLOYEE FEE WAIVER APPLICATION CALIFORNIA STATE UNIVERSITY

<b>SECTION I – Employee Information (to be completed by employee for each term of enrollment)</b>							
Name:		Employee ID:		Classification Title:			
Department:		Email Address:					
Campus, Campus Address & Phone:		Time Base: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary (appt. exp. _____) Class Standing: Fresh_Soph_Jr_Sr_Credential_Graduate					
Do you have an approved Individual Career Development Plan on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate major:				CSU Campus to Attend:			
<b>SECTION II – Course Information</b>							
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): _____ _____ _____							
<b>SECTION III – DEPARTMENTAL REVIEW (to be completed by employee’s supervisor)</b>							
1. Are you granting employee’s request to take <u>one fee waiver course</u> during regularly scheduled work hours? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please list days and times: _____)							
2. Will the course require a change in the employee’s work schedule? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Supervisor Signature _____		Date _____		Dean/Dept. Head Signature _____		Date _____	
<b>SECTION IV – EMPLOYEE VERIFICATION AND SIGNATURE</b>							
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 _____			
<b>OFFICE USE ONLY</b>							
<b>EMPLOYEE’S EMPLOYMENT STATUS (See Technical Letter HR/Benefits 2011-14 for eligibility criteria):</b>							
This employee is: <input type="checkbox"/> Faculty or <input type="checkbox"/> Staff							
FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt							
<input type="checkbox"/> Eligible for fee waiver benefits or <input type="checkbox"/> Not Eligible (Reason: _____)							
Number of units eligible for: _____ Undergrad Units or _____ Graduate Units (including Ed.D.)							
Courses are: <input type="checkbox"/> Career Development or <input type="checkbox"/> Work-Related (Confirmed? Y N)							
Position # _____ - _____ - _____ <b>CBID:</b> _____							
Additional Fees (e.g., extra unit fee, late fees) Total: _____				Budget Code: _____			
Fee Waiver Coordinator Signature _____						Date _____	
Fee Waiver Coordinator Campus: _____				Phone Number: _____			