

# Fee Waiver Application - Employee

## EMPLOYEE INFORMATION (to be completed by employee for each term of enrollment)

<b>Employee Name:</b>	<b>Classification:</b>
<b>Department:</b>	<b>Current Position</b>
<b>Contact Information:</b> Campus Address: Campus Phone: Fax:	<b>Current Educational Level:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
<b>Time Base:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <b>Status:</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary (appt, exp. _____)	<b>Campus to attend:</b>

## COURSE INFORMATION

Term and Year	Course Title	Level (Undergrad or Grad)	Course Subject, Number & Section	Units	Times	Hours per Week	WR (Work-Related) or CD (Career Development)

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

## EMPLOYEE VERIFICATION AND SIGNATURE

My signature below certifies 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.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**NOTE: A completed "Career Development Plan" must accompany this form.**

## DEPARTMENT REVIEW

1. Are you granting the employee's request to take one fee waiver course during regularly scheduled work hours?    Yes    No
2. Will the course require a change in the employee's work schedule?    No    Yes

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President's Signature

\_\_\_\_\_  
Date

**Fax this form to the Human Resources Department at (707) 654-1141**

## HUMAN RESOURCES OFFICE USE

This employee is    Faculty    Staff   FLSA Status:    Exempt    Non-Exempt

Eligible for Fee Waiver    Yes    No   (Reason for not eligible) \_\_\_\_\_

Number of units eligible for:   \_\_\_\_\_ Undergrad units   \_\_\_\_\_ Graduate Units   Courses are    Career Development   or    Work-related

Position # \_\_\_\_\_   CBID \_\_\_\_\_

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

CSUM Fee Waiver Coordinator: \_\_\_\_\_   Date: \_\_\_\_\_

Attending Campus Fee Waiver Coordinator: \_\_\_\_\_   Date: \_\_\_\_\_