

**Term**
**Attending:**  Semester  Quarter **Campus to Attend:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Fall  Winter  Spring Summer Year:  New or  Continuing Student

**Part I – EMPLOYEE INFORMATION**

<b>Employee Name:</b>	<b>Email</b>	<b>Current Employee Status:</b> <input type="checkbox"/> Permanent Circle one: FT PT (If PT – time base _____) <input type="checkbox"/> Temporary FT; Appt. end date _____ <input type="checkbox"/> On Educational Leave or approved leave of Absence <input type="checkbox"/> Staff <input type="checkbox"/> Faculty
<b>Employee ID #:</b>	<b>Job Classification:</b>	
	<b>Receiving Financial Aid: Y or N (Circle One)</b>	

**Part 2 – COURSE INFORMATION**

<b>Work Related:</b> <ul style="list-style-type: none"> <li>Courses for purpose of improving level of skill needed to perform existing duties <b>OR</b></li> <li>Acquiring additional skills to perform newly assigned duties and responsibilities.</li> </ul> <p><i>As a Work Related Student you are subject to the following:</i></p> <ul style="list-style-type: none"> <li>Academic evaluation process waived for acceptance by Admissions Office.</li> <li>Unable to declare a major, nor can a degree be conferred</li> <li>Required to remain in good academic standing</li> <li>Waived fees are not subject to taxation.</li> </ul> <input type="checkbox"/> Undergraduate Level Coursework <input type="checkbox"/> Graduate Coursework <input type="checkbox"/> Previous Institution Attended	<b>Career Development:</b> <ul style="list-style-type: none"> <li>Courses being taken for purpose of matriculating towards a degree or advancing academic degree</li> <li>Enhancing the employees career in the CSU system</li> <li>Waived fees are subject to taxation*</li> </ul> <p>*Employees enrolled in a CSU masters’ or doctoral program will be subject to IRS 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 pay warrant and the applicable taxes will be deducted. The value of these taxable fringe benefits will be reported in the November and April pay periods.</p> <b>Degree Objective:</b> <input type="checkbox"/> Bachelor’s <input type="checkbox"/> Master’s <input type="checkbox"/> Credential Certificate <input type="checkbox"/> Doctorate
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 How many courses do you intend to take? \_\_\_\_\_  
 How many units total? \_\_\_\_\_  
 Will you need to take one or more fee waiver courses during regularly scheduled work hours? \_\_\_\_\_  
 County of Residence \_\_\_\_\_

**Part 3 – 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.

<b>Employee Signature:</b>	<b>Date:</b>
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**Part 4 – Departmental Review and Approval**

I grant my employees request to take one fee waiver course during regularly scheduled work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Days and times: _____	If Yes – Will this require a change in the employees regular work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee has an approved <b>Individual Development Plan</b> on file? (Contact HR for Form) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Supervisor/or Appropriate Administrator Signature:</b>	<b>Date:</b>	

**Part 5 – OFFICE USE ONLY**

<b>Employee is:</b> <input type="checkbox"/> Eligible for Fee Waiver <input type="checkbox"/> Not eligible (Reason: _____)	<b>FSLA Status:</b> <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
<b>Position # 265 - - CBID: _____</b>	<b>Number of Units:</b>
<b>Fee Waiver Coordinator Signature:</b>	<b>Date:</b>
	<b>Phone:</b>