

Fee Waiver Program

SECTION I — To Be Completed By Employee (please print or type)				Are you a new Fee Waiver Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Payroll Classification		Soc. Sec. No.	
Department/Office		Extension		Barg. Unit <input type="checkbox"/> M <input type="checkbox"/> F	
Request is for:		Academic Year 20__ - 20__		Quarter: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
Show proposed work schedule for current quarter:		<input type="checkbox"/> 5/40 <input type="checkbox"/> 4/40 <input type="checkbox"/> 4/9/4		Adjusting Schedule: <input type="checkbox"/> Y <input type="checkbox"/> N	
From:		To:		From:	
				To:	

FEE WAIVER COURSE TO BE TAKEN							
COURSE #1		Title:		Course Name & Number:		Units:	
Class Days and Hours From:				To:		Department:	
Course Considered To Be: (Check one) <input type="checkbox"/> Job Related <input type="checkbox"/> Individual Career Development				To Be Taken: <input type="checkbox"/> During Working Hours (Hr. ____ Min. ____)			
				<input type="checkbox"/> Outside Working Hours			
Part I – Job Related: cite specifically how course will relate to present duties and job:							
						Approving Supervisor's Signature	
Part II – Career Development:							
						Approving Supervisor's Signature	

COURSE #2		Title:		Course Name & Number		Units:	
Class Days and Hours From:				To:		Department:	
Course Considered To Be: (Check one) <input type="checkbox"/> Job Related <input type="checkbox"/> Individual Career Development				To Be Taken: <input type="checkbox"/> During Working Hours (Hr. ____ Min. ____)			
				<input type="checkbox"/> Outside Working Hours			
Part I – Job Related: cite specifically how course will relate to present duties and job:							
						Approving Supervisor's Signature	
Part II – Career Development:							
						Approving Supervisor's Signature	

PLEASE READ: To effectively evaluate the Fee Waiver Program we are required to compile various items of information, including grades attained by participants in courses for which enrollment under the program has been approved. Your signature below authorizes the release of such records to Human Resources Management.

Employee's Signature		Date:
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SECTION II — To Be Completed By The Supervisor		Enrollment is approved <input type="checkbox"/> Yes <input type="checkbox"/> No*	
Work schedule approved <input type="checkbox"/> Yes <input type="checkbox"/> No*		Did the employee request to take this course? <input type="checkbox"/> Yes <input type="checkbox"/> No*	
Did employee's supervisor direct employee to take this course? <input type="checkbox"/> Yes* <input type="checkbox"/> No			

If boxes marked with * are checked please explain. Please use reverse side of this white copy for explanation.

Approval is hereby granted for enrollment in courses approved above:

Signature of Dean or Administrative Department Head:		Date:
Signature of V.P. (If faculty, Academic Affairs):		Date:

ELIGIBILITY CRITERIA:		FEES APPROVED FOR WAIVER:	
Permanent or Probationary	<input type="checkbox"/> Yes <input type="checkbox"/> No	State University Fees	Amount Waived _____
Employee on FT Basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facilities	_____
Employee on Leave _____ % of time		Associated Student Body	_____
Maximum Number of Fee Waiver Units Allowable:		University–Student Union	_____
<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 15 <input type="checkbox"/> No Limit		Instructionally Related Activities	_____
Number of Units Approved for This Request:		Total Fees Waived	_____
Eligibility Certified By:	Date:		

REQUEST APPROVED REQUEST DISAPPROVED — Reason: _____

An employee who enrolls in more than two courses during the quarter of participation in the Fee Waiver program must pay an additional State University fee of \$_____. Substitution of another course for the one shown on this form requires prior approval from this office and failure to do so may result in the employee being required to repay the total amount waived for the quarter.

BY:	DATE:
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UNIVERSITY CASHIERS OFFICE USE			
Receipt No.:	Amount Paid:	Cashier:	Date:

Privacy Act and The California Information Practices Act

The Privacy Act of 1974 (5 U.S.C. 552a) and the California Information Practices Act of 1977, (California Civil Codes 1728 - 1798.76, as amended), require that the University provide the following notice to each individual whom it asks to supply information.

The University is authorized to request such information under its authority from California Education Code Sections 89030(c), 89031, 89035, Title 5, California Administrative Code, Section 41201; and State University Trustee Resolution of August 4, 1961 (Delegation of Authority and Responsibility).

Personally identifiable records are not shared or distributed to private individuals or agencies unless authorized by the employee or unless otherwise lawfully available.

Each individual has the right to review personal information maintained by this University, unless access is exempted by law.

SECTION II. *(continued)*

Explanation: