

SECTION I – EMPLOYEE INFORMATION (to be completed for each term of enrollment)

Name:		ID Number:	Department:
Classification Title:		Campus Phone:	Email Address:
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. _____)	Bargaining unit: <input type="checkbox"/> Unit 1 (UAPD) <input type="checkbox"/> Unit 7 (CSUEU) <input type="checkbox"/> Unit 2 (CSUEU) <input type="checkbox"/> Unit 8 (SUPA) <input type="checkbox"/> Unit 3 (Faculty) <input type="checkbox"/> Unit 9 (CSUEU) <input type="checkbox"/> Unit 4 (APC) <input type="checkbox"/> C99 (Confidential) <input type="checkbox"/> Unit 5 (CSUEU) <input type="checkbox"/> M80 (MPP) <input type="checkbox"/> Unit 6 (SETC) <input type="checkbox"/> M98 (Executive)		Academic Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Academic Standing: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Credential <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate			
Do you have an approved Individual Career Development Plan on file? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate major:			CSU Campus to Attend:

SECTION II – Course Information (to be completed if you are attending a CSU campus other than Fresno State)

Level of course Undergraduate or Graduate	Course Number	Schedule Number	Units	WR (Work Related) CD (Career Development)
<i>Example: U</i>	<i>Art 108</i>	<i>10069</i>	<i>3</i>	<i>CD</i>

Section III - Work Related Course Information

For work-related courses taken at any CSU campus, please state how each course relates to your present assignment (attach sheets if necessary):

Note: Approval by the immediate MPP/Chair to attend class during working hours is subject to operational needs of the department. In any case, no more than one (1) course may be attended during working hours without an adjustment to the employee’s work schedule. If more than one course is taken during regular working hours, the employee’s work schedule will be adjusted in accordance with the appropriate collective bargaining unit agreement.

SECTION IV – DEPARTMENTAL REVIEW (to be completed by employee’s supervisor/manager)

1. Are you granting employee’s request to take course(s) during regularly scheduled work hours? No Yes

If yes, please list days and times:

2. How many hours of work will be missed for course related activities per week?

If more than one (1) course is taken during work hours, please describe the adjusted work schedule:

Supervisor/Manager Signature

Date

Dean/Dept. Head Signature

Date

SECTION V – 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.). Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements.

Students participating in this program must be in good academic standing. My academic standing will be reviewed each semester to determine my eligibility to participate in the subsequent semester. ‘Good Academic Standing’ does not include Probation, Disqualification, Contract status or Administrative Approved Academic Probation.

For information on Academic Probation: <http://www.csufresno.edu/studentaffairs/programs/advising/disquali.shtml>

I have enrolled in courses for this semester and attached is a copy of my class schedule confirming my enrollment and the number of units per course. **Applications will be considered incomplete and will be returned if this information is not attached.**

I UNDERSTAND THAT I MAY ALSO BE CHARGED FULL OR PRORATED REGISTRATION FEES IF I DROP CLASSES FOR WHICH I HAVE BEEN GRANTED A FEE WAIVER. THE WAIVER WILL BE REMOVED AND FEES WILL BE CHARGED UP TO THE FULL AMOUNT AS OF THE DATE OF THE CLASS WITHDRAWAL. See [Accounting Services](#) web page for more information.

As an employee, I have read and understand the conditions of the Fee Waiver Program which can be found on

[Technical Letter HR Benefits 2011-14](#) and my [Collective Bargaining Agreement](#)

Employee – Print Name

Employee’s Signature

Date

As the Human Resources Representative, I have verified that the employee listed above is eligible to participate in the fee waiver program. Fee Waiver Coordinator: _____ Date _____