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

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID Number:</th>
<th>Department:</th>
</tr>
</thead>
</table>

**Classification Title:**

<table>
<thead>
<tr>
<th>Campus Phone:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

**Time Base:**

- [ ] Full time
- [ ] Part time

**Status:**

- [ ] Permanent
- [ ] Probationary
- [ ] Temporary
  (appt. exp._________)

<table>
<thead>
<tr>
<th>Unit 1 (UAPD)</th>
<th>Unit 2 (CSUEU)</th>
<th>Unit 3 (Faculty)</th>
<th>Unit 4 (APC)</th>
<th>Unit 5 (CSUEU)</th>
<th>Unit 6 (SETC)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Unit 7 (CSUEU)</th>
<th>Unit 8 (SUPA)</th>
<th>Unit 9 (CSUEU)</th>
<th>C99 (Confidential)</th>
<th>M80 (MPP)</th>
<th>M98 (Executive)</th>
</tr>
</thead>
</table>

**Class Standing:**

- [ ] Undergraduate
- [ ] Graduate
- [ ] Credential
- [ ] Doctorate

**Do you have an approved Individual Career Development Plan on file?**

- [ ] Yes
- [ ] No

**CSU Campus to Attend:**

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

**Term and Year**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Level of course</th>
<th>Units</th>
<th>WR (Work Related) CD (Career Development)</th>
</tr>
</thead>
</table>

**Ex: Fall 2009**

<table>
<thead>
<tr>
<th>Art 108</th>
<th>U</th>
<th>3</th>
<th>CD</th>
</tr>
</thead>
</table>

**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.


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 2008-15 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 __________

Rev: 01/2010                     Return completed form to: HR (M/S JA71)                     Page 2 of 2