

**SECTION 1 – Employee Information (to be completed by employee for each term of enrollment)**

<b>Name:</b>	<b>Fresno State ID:</b>	<b>Classification Title:</b>
<b>Department:</b>	<b>Phone:</b>	<b>Email Address:</b>
Status: Permanent Probationary Temporary (appt. exp. _____)	<b>Time Base:</b> Full time Part time	
<b>Bargaining Unit:</b>		
UAPD (Unit 1)	CSUEU (Units 2, 5, 7, 9)	CFA (Unit 3)
APC (Unit 4)	SETC (Unit 6)	SUPA (Unit 8)
Confidential (C99)	M80/M98 (MPP/Executive)	

**SECTION II – COURSE INFORMATION:**

**Academic Year 20**\_\_\_\_ **Term:** Fall Spring Summer CSU Summer Arts **CSU Campus to Attend:**

<p><b>Career Development:</b></p> <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> <li>Required to remain in good academic standing</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> <p><b>**Course Enrollment List must be ATTACHED if attending Fresno State**</b></p> <p><b>Academic Program:</b></p> <p>Undergraduate Master's Credential Doctorate</p> <p><b>Major:</b> _____</p> <ul style="list-style-type: none"> <li>An approved Career Development plan is required, if not previously submitted and on file with Human Resources</li> <li>If enrolled in Graduate/Doctorate level courses, are course related to present position? Please state how each course relates (attach sheets if necessary)</li> </ul>	<p><b>Work Related:</b></p> <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><b>As a Work Related Student you are subject to the following:</b></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> <p><b>The following documents must be submitted with this application:</b></p> <ul style="list-style-type: none"> <li>Written documentation to support how the course applies to your position is required. Your Dean or the appropriate Administrator must sign and approve this document.</li> <li>Completed <u>Admission Data Form</u> must be attached if attending Fresno State.</li> </ul>
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**SECTION III-DEPARTMENTAL REVIEW (to be completed by employee's Manager)**

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.

- Are you granting employee's request to take course(s) during regularly scheduled work hours (M - F 8am to 5pm)?  
No Yes, please list days and times: \_\_\_\_\_
- How many total 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 how employee's weekly work schedule will be adjusted (attach sheets if necessary):  
\_\_\_\_\_

_____ Manager's/Dept. Chair's (Print name)	_____ Manager's/Dept. Chair's (Signature)	_____ Date
_____ Dean/Dept. Administrator (Print name)	_____ Dean/Dept. Administrator (Signature)	_____ Date

**SECTION IV – 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.

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.

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://fresnostate.edu/studentaffairs/advising/students/probation-disqualification/>

I understand I am able to view my student account at my.csufresno.edu and am responsible for making the required payment by the deadline stated on my account to avoid being dropped from courses.

All fees should be paid directly to the cashier in the Joyal Administration Building. If there are any questions regarding E-pay or other payment options, please contact Students Accounts at (559)278-2876.

I may contact the [Admissions office](#) at (559)278-2261 (*Undergrad Admission*) or (559)278-4072 (*Grad Admission*) to request a one time reimbursement of the CSU Application Fee (\$55).

**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: \_\_\_\_\_

Submitted to Accounting on: \_\_\_\_\_