FACULTY AND STAFF EMPLOYEE FEE WAIVER APPLICATION
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

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

Name:	Social Security: - -	Classification Title:
Department:	E-mail Address:	
CSU Campus & Phone:	Time Base: ___Full time ___Part time Status: __Permanent __Probationary __Temporary (appt. exp._____) Class Standing: ___Fresh. ___Soph. ___Jr. ___Sr. ___Credential___ Graduate	
Do you have an approved Individual **Career Development** Plan on file? ___Yes___ No If yes, please indicate major:		CSU Campus to Attend:

SECTION II – Course Information

Term and Year	Course Title	Level (Undergraduate or Graduate)	Course Subject, Number & Section	Units	Times	Hours Per Week	WR (Work-Related) or (Career Development) **If WR, complete below**
(Example) Fall 2009	Art	Undergraduate	Art 108 Visual Tech	3	8-10am	4 Hrs	CD

For **Work-Related** courses, please state how each course relates to your present assignment (attach sheets if necessary): _____

_____

_____

SECTION III–DEPARTMENTAL REVIEW (to be completed by employee's supervisor)

1. Are you granting employee's request to take on fee waiver course during regularly scheduled work hours? ____ No ____Yes
   (If yes, please list days and times: _____)
2. Will the course require a change in the employee's work schedule? ____No ____Yes

_____ _____ _____ _____

Supervisor Signature Date Dean/Dept. Head Signature Date

SECTION IV–DEPARTMENTAL REVIEW (To be completed by employee's supervisor)

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.

_____ _____

Signature of employee requesting fee waiver Date

OFFICE USE ONLY

EMPLOYEE'S EMPLOYMENT STATUS (See Technical Letter HR/Benefits 2011-xx for eligibility criteria):

This employee is:

____Faculty or____ Staff

FSLA Status: ____Exempt ____Non-Exempt

___ Eligible for fee waiver benefits or____ Not eligible (Reason: _____)

Number of Units Eligible for: ____Undergrad Units or _____Graduate Units (including Ed.D.)

Courses are: ____Career Development or ____ Work-Related *(Confirmed? Y N)*

Position # _____ - _____ - _____ **CBID:** _____

Additional Fees (e.g., extra unit fee, late fees) Total: _____ **Budget Code:** _____

Fee Waiver Coordinator Signature: _____ **Date:** _____

Fee Waiver Coordinator Campus: Dominguez Hills **Phone Number: (310) 243-3771**