

# California State University, Chico FACULTY & STAFF FEE WAIVER BENEFIT APPLICATION

Fall / Spring / Summer 20\_\_ Semester:  
Application must be submitted to Staff Human Resources in Kendall 220 by the first Friday in May for Summer and Fall Semesters, and the first Friday in November for Spring Semester.

COMPLETED BY EMPLOYEE

Employee Name \_\_\_\_\_ Chico State ID (CMS EmpID): \_\_\_\_\_

Dept \_\_\_\_\_ Campus Zip \_\_\_\_\_ Campus Ext. x \_\_\_\_\_

Last Highest Degree Obtained: High School Associate's Bachelor's Master's Doctorate

Please state the courses you are requesting and, below, check the appropriate Fee Waiver category.

Registration #	Dept.	Course & Section #	Course title	Units	Days	Times
		-				
		-				

**Job-Related courses improve the skills required in your current position**

Identify 1) the specific skills that will be improved and 2) what specific elements of the course(es) requested will improve these skills. If necessary, attach a class syllabus, course description, or other written information to provide a full explanation.

\_\_\_\_\_

OR

**Career Development courses fall into two sub-categories** (both of which require that a completed, current Career Development Plan be submitted.)

**An academic goal (degree, certificate, or credential)**

This will be my first semester of enrollment or During what semester were you last enrolled? \_\_\_\_\_

**Attainment or enhancement of skills for the purpose of career advancement within the CSU system**

Does the course schedule require work release time?  No  Yes (list days & times): \_\_\_\_\_

I understand that it is my responsibility to notify the Fee Waiver Coordinator if I withdraw from or enroll in courses other than those listed above and that completion of this coursework in no way guarantees me a promotion or other advancement.

\_\_\_\_\_  
Signature of Faculty or Staff Member Requesting Fee Waiver Benefit

\_\_\_\_\_  
Date

COMPLETED BY SUPERVISOR AND APPROVED BY APPROPRIATE ADMINISTRATOR

Are you granting employee's request to take one (1) fee waiver course during regularly scheduled work hours?

No  Yes (If yes, please list days & times): \_\_\_\_\_

Will employee work modified schedule?  No  Yes (please attach copy of modified schedule if employee is non-exempt)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Supervisor

\_\_\_\_\_  
Dean/Appropriate Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Dean/Appropriate Administrator

COMPLETED BY STAFF PERSONNEL PROGRAMS

Application returned to employee for the following reason:  
\_\_\_\_\_

Fee Waiver participation denied for the following reason: \_\_\_\_\_

Fee Waiver participation approved. *The employee has met program requirements pursuant to Chancellor's Office Executive Order # 712; CA Code of Regulations, Title 5, § 41804; and Staff Personnel Programs guidelines.*

Fee Waiver Coordinator Signature \_\_\_\_\_

Date: \_\_\_\_\_

Faculty EE:  tenured or probationary  temp w/equivalent of = or >6 years FTE of service or  FERP.  appointed for requested semester

Staff EE: in bargaining unit \_\_\_\_\_  permanent  FT  PT;  full-time probationary;

FT Temporary appointed through this semester (Temps in Units 1, 8, Conf, and E99 not eligible) Exempt employee?  Yes  No  FT MPP

Eligible for (#) \_\_\_\_\_  Undergrad Units  Graduate Units  Admissions Application Attached

CD/academic  CAD/advancement OR  Job-Related Class(es)  Budget: \_\_\_\_\_