


THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
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Date: December 10, 2002

Code: TECHNICAL LETTER
HR/Benefits 2002-29

Please respond by: January 10, 2003

To: Associate Vice Presidents/Deans of Faculty
Human Resources Directors
Benefit Officers

From: Cathy Robinson 
Assistant Vice Chancellor
Human Resources Administration

Cordelia Ontiveros 
Senior Director
Academic Human Resources

Subject: Optional Systemwide Fee Waiver Form Drafts

A number of campuses requested that we create systemwide fee waiver forms for employees and their dependents. To confirm that interest, we polled Associate Vice Presidents for Faculty Affairs, Human Resource Directors, and Fee Waiver Coordinators in September. While only a few campuses did not support the idea of new forms, there was an overwhelming response in support of creating systemwide fee waiver forms. Consequently, we have created two fee waiver forms, an employee form and an employee dependent form. Use of these newly created forms will be optional.

Before the forms are finalized, we are asking campus staff who might be working with the forms to provide feedback on the forms. We have attached drafts of the systemwide employee and dependent fee waiver forms. Please review the forms and provide your comments by January 10, 2003 via email to knielsen@calstate.edu or fax at (562) 951-4954 attention Kristin Nielsen. Thank you.

If you have any questions please contact Cordelia Ontiveros at (562) 951-4503 or Pamela Chapin at (562) 951-4414. This Technical Letter is also available on the Human Resources Administration's Web page at: <http://www.calstate.edu/HRAdm/memos.shtml>.

CO/CR/kn
Attachments

Distribution: All with Attachments

CSU Presidents
Vice Chancellor, Human Resources
Fee Waiver Coordinators
Director, SOSS

FACULTY AND STAFF FEE WAIVER APPLICATION
CALIFORNIA STATE UNIVERSITY

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

Name:	Social Security: - -	Classification Title:
Department:	Email Address:	
Campus, Campus Address & Phone Extension:	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 CD (Career Development)
(Example) Fall 2003	Art	Undergraduate	Art 108 Visual Tech	3	8-10 am	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 if course occurs during normal work schedule)

1. Are you granting employee’s request to take one 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 – 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.). 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
This employee is:
___ Faculty (who is tenured; tenured-track; active FERP participant; or is or will be temporarily appointed through the duration of the current academic year with 6 years or more of full-time equivalent service within the same department)
___ Staff [who is permanent; full-time probationary; full-time MPP; or temporarily appointed full-time through the duration of the current academic term (CSEA & units 4, 6, and 10 only)]
___ FLSA Status: ___ Exempt ___ Non-Exempt
___ Other (not eligible for fee waiver benefits)

Position # _____ - _____ - _____ **CBID:** _____ **Additional Fees (e.g., late fees) Total:** _____

___ Career Development or ___ Work-Related (*Confirmed?* Y N) ___ Not Eligible (Reason: _____)

Number of Units Eligible for: _____ Undergrad Units or _____ Graduate Units **Budget Code:** _____

Fee Waiver Coordinator Signature _____ **Date** _____

Fee Waiver Coordinator Campus: _____ **Phone Number:** _____

DEPENDENT FEE WAIVER TRANSFER APPLICATION
CALIFORNIA STATE UNIVERSITY

SECTION I – Employee Information		
Name:	Social Security: - -	Classification Title:
Department:	E-mail Address:	
Campus, Campus Address & Phone Extension:	Time Base: ___ Full time ___ Part time Status: ___ Permanent ___ Probationary ___ Temporary (appt. exp. _____)	

SECTION II – Dependent Information			
Name:	Social Security*: - -	Email Address:	Phone Number:
Date of Birth: ____ / ____ / ____ (Month/Day/Year)	Mailing Address:		
Student Status: ___ New Student or ___ Continuing Student ___ Undergraduate ___ Graduate ___ Credential ___ 2 nd Undergraduate Degree	Relationship to employee: ___ Spouse by Marriage ___ Dependent Child (Please specify by checking one of the below choices) ___ child or stepchild under age 23 who has never been married ___ child living with employee in parent-child relationship who is economically dependent upon employee, under age 23 who has never been married ___ child or stepchild age 23 or above who is incapable of self-support due to a disability that existed prior to age 23 ___ Domestic partner (Declaration of Domestic Partnership is filed with the California Secretary of State)		
Enrollment Term/Year: _____ / _____ Campus _____ Number of Units _____ Course Level: ___ Undergraduate ___ Graduate California Resident? ___ Yes ___ No			

Is the dependent applying for admission at this time? ___ Yes ___ No Has the \$55 application fee been paid? ___ Yes ___ No
Is the dependent receiving financial aid? ___ Yes ___ No

*The Social Security number is required of those who wish to participate in the Dependent Fee Waiver program. The number will be used as a common identifier for course enrollment and related purposes. Authority for such use is contained in Title 5 of the California Code of Regulations.

SECTION III – EMPLOYEE VERIFICATION AND SIGNATURE	
I certify that the individual named above is my legal spouse, dependent child, or registered domestic partner and that the information provided above is true. I wish to transfer my fee waiver eligibility, as provided in appropriate policy or collective bargaining agreement, to the individual named above. I understand this transfer prohibits my personal use of fee waiver benefits during the period indicated. Further, I understand that my spouse, dependent child or domestic partner is responsible for meeting all registration and payment deadlines.	
Signature of employee _____	Date _____

OFFICE USE ONLY

Employee’s employment status:
 ___ Faculty (who is tenured; tenured-track; active FERP participant; or is or will be temporarily appointed through the duration of the current academic year with 6 years or more of full-time equivalent service within the same department)
 ___ Staff [who is permanent; full-time probationary; full-time MPP; or temporarily appointed full-time through the duration of the current academic term (CSEA & units 4, 6, and 10 only)]
 ___ Other (not eligible for fee waiver benefits)

Position # _____ - _____ **CBID:** _____ **Additional Fees (e.g., late fees) Total:** _____

Budget Code: _____

Eligibility:
 ___ Dependent is eligible to receive fee waiver benefits
 ___ Dependent is not eligible to receive fee waiver benefits. Reason: _____

Number of Units Eligible for: _____ Undergrad Units or _____ Graduate Units

Fee Waiver Coordinator Signature _____ **Date** _____

Fee Waiver Coordinator Campus: _____ **Phone Number:** _____