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
# FACULTY AND STAFF FEE WAIVER APPLICATION
## CALIFORNIA STATE UNIVERSITY

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security: - -</th>
<th>Classification Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Campus, Campus Address &amp; Phone Extension:</td>
<td>Time Base: <em>Full time</em> <em>Part time</em></td>
<td></td>
</tr>
<tr>
<td>Status: <em>Permanent</em> <em>Probationary</em> <em>Temporary (appt. exp.</em>________<em>)</em></td>
<td>Class Standing: <em>Fresh.</em> <em>Soph.</em> <em>Jr.</em> <em>Sr.</em> <em>Credential</em> <em>Graduate</em></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Term and Year</th>
<th>Course Title</th>
<th>Level (Undergraduate or Graduate)</th>
<th>Course Subject, Number &amp; Section</th>
<th>Units</th>
<th>Times</th>
<th>Hours Per Week</th>
<th>WR (Work-Related) or CD (Career Development)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example)</td>
<td>Fall 2003</td>
<td>Art</td>
<td>Undergraduate</td>
<td>Art 108 Visual Tech</td>
<td>3</td>
<td>8-10 am</td>
<td>4 Hrs CD</td>
</tr>
</tbody>
</table>

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 __________

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**Notes:**
- **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)]
  - FLSA Status: _Exempt_ _Non-Exempt_  
  - Other (not eligible for fee waiver benefits)

<table>
<thead>
<tr>
<th>Position #</th>
<th>CBID:</th>
<th>Additional Fees (e.g., late fees) Total:</th>
<th>Career Development or Work-Related (Confirmed? Y N)</th>
<th>Not Eligible (Reason: ___________________________)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Units Eligible for: Undergrad Units or Graduate Units</td>
<td>Budget Code:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fee Waiver Coordinator Signature ______________________ Date __________

Fee Waiver Coordinator Campus: ______________________ Phone Number: ______________________
# DEPENDENT FEE WAIVER TRANSFER APPLICATION
## CALIFORNIA STATE UNIVERSITY

### SECTION 1 – 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:**
- **Mailing Address:**
- **Student Status:**
  - ___New Student   or   ___Continuing Student
  - ___Undergraduate   ___Graduate   ___Credential
  - ___2nd Undergraduate Degree
- **Enrollment Term/Year:**
- **Number of Units:**
- **Course Level:**
  - ___Undergraduate   ___Graduate
- **California Resident?**
  - ___Yes   ___No

### 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)

### 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

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*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.

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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 #**

Budget Code: ______

**Eligibility:**
- ___Dependent is eligible to receive fee waiver benefits
- ___Dependent is not eligible to receive fee waiver benefits.

**Number of Units Eligible for:**

- ___Undergrad Units   or   ___Graduate Units

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Fee Waiver Coordinator Signature

Fee Waiver Coordinator Campus:____________________________

Fee Waiver Coordinator Phone Number:______________________