

## APPLICATION FOR EMPLOYEE REDUCED FEE

\_\_\_\_\_  
*Name (Last, First Middle)*

\_\_\_\_\_  
*Payroll Title*

\_\_\_\_\_  
*Unit/Campus Mailing Address*

\_\_\_\_\_  
*Phone Extension*      *Email Address*

I REQUEST TO ENROLL IN:

\_\_\_\_\_  
*Quarter/Year*

\_\_\_\_\_  
*Course*                      *Number*

\_\_\_\_\_  
*Day(s) of class*              *Hours of class*              *Credits*

\_\_\_\_\_  
*Course*                      *Number*

\_\_\_\_\_  
*Day(s) of class*              *Hours of class*              *Credits*

- \_\_\_\_\_ Time off to be charged to accrued overtime and/or vacation credits
- \_\_\_\_\_ Pay to be reduced
- \_\_\_\_\_ Time off with pay
- \_\_\_\_\_ Adjusted work schedule
- \_\_\_\_\_ Reimbursement of fees (all or part) for educational courses
- \_\_\_\_\_ Other (please explain) \_\_\_\_\_

CHECK ONE:

Regular Student     Graduate Student

I understand that my enrollment under Employee Reduced Fee is subject to the following:

- 1) I am a Career Status employee who passed the probationary period prior to registration.
- 2) I am enrolling in no more than three regular session University courses or 15 units, whichever is greater.
- 3) I am not eligible if I am enrolled in a self-supporting academic program.

\_\_\_\_\_  
 Unit Head/Supervisor's Approval

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Training & Development Officer's Approval

\_\_\_\_\_  
 Certification of Registrar

This form must be completed by the employee, signed by the employee's supervisor (if it affects work schedule) and signed by the Training & Development Officer before being submitted to the appropriate Registrar in order to obtain the fee reduction.