



**SAN FRANCISCO
STATE UNIVERSITY**

HUMAN RESOURCES

EMPLOYEE Fee Waiver Application
Please Complete Application Online and Print

SECTION 1 – EMPLOYEE INFORMATION						REQUIRED*	
Last Name	First Name	SF State Email Address	SF State ID	Semester	Year		
Classification	Bargaining Unit	College or Department	Dept #	Campus Phone Number			
Degree Earned		Institution		Date			
Do you have an approved Individual Career Development Plan on file?						CSU Campus to Attend	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please indicate major:							
SECTION 2 – LIST COURSES FOR WHICH YOU ARE ENROLLING						REQUIRED*	
Department	Course ID	Schedule No.	Course Title	Units	Days	Time	Check One Work Career
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>

Notes: Effective with the 2019 tax year, all graduate/doctorate level courses taken by employees or their dependents, which exceed the \$5,250 threshold will be taxable and withheld from the employee's pay warrant. Graduate courses deemed job related, pursuant to Internal Revenue Code Section 132(d), will no longer be excludable from W-2 wages. Employees may consult a personal tax advisor to determine if courses taken are job related and include the deduction on their personal tax return. All undergraduate level courses taken by an employee's domestic partner through the CSU Fee Waiver program are also taxable.

SECTION 3 – JUSTIFICATION FOR COURSES		REQUIRED*
<input type="checkbox"/>	WORK-RELATED – courses which have a direct link to employees job; taken to enhance skills required to perform current job duties.	
<input type="checkbox"/>	CAREER DEVELOPMENT – Matriculating student of a CSU Campus pursuing a degree/credential program. (ICDP HR Form #510-B) Briefly describe how this course work is work-related or part of your Individual Career Development Plan (ICDP)	

SECTION 4 – EMPLOYEE AUTHORIZATION AND SIGNATURE		REQUIRED*
To the best of my knowledge, the information above is correct. Further, I agree to provide information concerning my studies, activities and grades by authorizing Enrollment Services to release my transcripts to Human Resources, Safety & Risk Management. I am taking this course(s) under the CSU Fee Waiver Program on a voluntary basis and my participation is not mandated by my employer. I certify that I have read the Fee Waiver Information Sheet for the current semester and am aware that should I become ineligible to participate in the Fee Waiver program, I will be billed accordingly. Registration fees and tuition are subject to change without advanced notice & are non-refundable. Course work taken under the Fee Waiver Program may not be audited.		

_____ **Signature of Applicant** _____ **Date**

SECTION 5 – APPROVAL OF SUPERVISOR:		REQUIRED*
<input type="checkbox"/>	Release Time	
<input type="checkbox"/>	Adjusted Work Schedules (attached HR Form 101)	

_____ **Print Name of Supervisor** _____ **Signature of Supervisor** _____ **Date**

SECTION 6 – APPROVAL OF DEPARTMENT ADMINISTRATOR (MPP Level Required):		REQUIRED*
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_____ **Print Name & Title of Department Administrator/Dean** _____ **Signature of Administrator/Dean** _____ **Date**

SECTION 7 – HUMAN RESOURCES APPROVAL	
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DN SL: _____ SS: _____ No. of Units Eligible for: _____ FLSA Status: Exempt Non-Exempt

Status: Regular Probationary Temporary (Exp. _____) Time Base: Full-Time Part-Time Reviewed By: _____ Date: _____

Comments: _____

_____ **Approved by President's Designee** _____ **Date**

***IF FILING DEAD LINE IS NOT MET OR FORM HAS INCOMPLETE INFORMATION APPLICATION WILL BE DENIED.**