



FEE WAIVER PROGRAM CERTIFICATE OF ELIGIBILITY

California State University, Sacramento
Office of Human Resources
Professional Development & Training

Semester/Year: _____

Employee Name: _____ SS#: _____

Department: _____ Zip: _____ Ext: _____

Classification: _____ Bargaining Unit: _____ Email: _____

Employment Status (check all that apply):

Full Time Part Time FERP Participant* Temporary Probationary Tenured/Permanent

Is this a Transfer of Benefit request? Yes No

If so, Name of Student: _____

Has the student applied to a California State University? Yes No

Has the student been admitted to a California State University? Yes No

If the employee is taking courses, are they for *Career Development* or are they *Job Related*? (circle one)

Employee Signature: _____ **Date:** _____

Please Note: This form is only valid for the selected semester. If unused, you will need to begin the process again.

CERTIFICATION (Office Use Only):

Meets tenure/probationary requirement: Yes No

Meets temporary/part-time* eligibility requirement: Yes No

(End of Appointment: _____)

Meets FERP** eligibility requirement: Yes No

- * Temporary faculty must have a three year appointment.
Coaches must have at least six years of full-time equivalent service in the department
- ** FERP faculty are eligible only during the semester they are teaching.

Certified By: _____ **Date:** _____

Faculty Personnel Analyst (if applicable)

_____ **Date:** _____

Fee Waiver Coordinator