

**CSU Fee Waiver and Reduction Program Employee Application – Career Development**

**CAREER DEVELOPMENT FEE WAIVER INFORMATION**

- Courses being taken for purpose of matriculating towards a degree or advancing academic degree
- Enhancing the employees career in the CSU system
- Waived fees are subject to taxation\*
- Required to remain in good academic standing

\*Employees enrolled in a CSU masters' or doctoral program will be subject to IRS Code 127 limit of \$5,250 annually. If the value of these courses exceeds the limit, the difference will be reported to the State Controller's Office. Once reported, this amount will appear as taxable income on a single month's pay warrant and the applicable taxes will be deducted. The value of these taxable fringe benefits will be reported generally in the November and April pay periods.

**EMPLOYEE INFORMATION**

Name	Employee ID	Best Contact Number
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**ENROLLMENT INFORMATION**

Admitted Campus	Major	Academic Year	Semester
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Degree Level  
 Undergraduate     2<sup>nd</sup> Bachelors     Graduate     Credential     Doctorate

**COURSE INFORMATION**

Course	Class #	Section #	Title	Units	Days	Time
ACCY 1	12345	01	Accounting Fundamentals	3	MW	10:30am-11:45am

**EMPLOYEE STATEMENT**

Describe briefly how the above course(s) relate to your Career Development Plan

**CAREER DEVELOPMENT PLAN**

How long do you anticipate it will take to complete your academic goal?

What is your long-term career objective?

How will this academic program assist in accomplishing your long-term objective?

Could you benefit from developmental assignments (on-job training, job rotation, special assignments) in your present office setting? Have you discussed and/or established this possible avenue of training with your supervisor?

Have you discussed in detail your developmental plan and long-term objectives with your supervisor?

**SUPERVISOR STATEMENT**

After review of the employee's statement above, does the information warrant the participation of the employee?  YES  NO

**SUPERVISOR SECTION**

It is important for the supervisor to discuss the Career Development Plan with the employee. An in-depth knowledge and understanding of the identified goals/objectives of the employee will be of assistance to each supervisor for:

- Consulting and advising the employee in assessing and developing a realistic evaluation and plan of needed skills and knowledge.
- Providing and directing developmental work assignments which can create an experiential learning environment to coordinate and compliment the coursework being pursued.

What plans have you discussed and/or considered for on-the-job development with this employee?

Additional comments

**USE OF STATE TIME**

Approval by the immediate Supervisor to attend class during working hours is subject to operational needs of the department. In any case, no more than one (1) course may be attended during working hours without an adjustment to the employee's work schedule. If more than one course is taken during regular working hours, the employee's work schedule will be adjusted in accordance with the appropriate collective bargaining unit agreement.

- Approved – class(es) taken during non-work hours
- Approved to attend one (1) course during state time
- Approved with adjusted work schedule: \_\_\_\_\_
- Not approved for attendance on state time

**PROGRAM APPROVAL SIGNATURES**

Supervisor Name \_\_\_\_\_ Supervisor/Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Appropriate Administrator Name \_\_\_\_\_ Appropriate Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE SIGNATURE**

My signature below is to certify that the information relevant to this request for participation in the CSU Fee Waiver and Reduction Program is accurate and I acknowledge that I must submit a new application every semester, and if I wish to request a change (e.g., a different class, adjusted work schedule, etc.).

Fee Waiver participants are responsible for notifying the Benefits Office of any changes in approved course(s) by submitting a revised application. I understand that I may also be charged full or prorated registration fees if I drop classes for which I have been granted a fee waiver. The waiver will be removed and fees will be charged up to the full amount as of the date of the class withdrawal. I may contact the Bursar's Office at (916) 278-6243 to request a one-time reimbursement of the CSU Application Fee.

I hereby authorize the University Admissions and Outreach/Bursar's Office/Registrar's Office to release information concerning my student records of the California State University system to Human Resources for evaluation of progress in the Fee Waiver and Reduction Program. I understand I am able to view my student account at <https://my.csus.edu/> and am responsible for making the required payment by the deadline stated on my account to avoid being dropped from courses. All fees should be paid directly to the Bursar's Office.

Students participating in this program must be in good academic standing. My academic standing will be reviewed each semester to determine my eligibility to participate in the subsequent semester. 'Good Academic Standing' does not include Probation, Disqualification, Contract status or Administrative Approved Academic Probation. Unsatisfactory performance in a course(s) or not maintaining good academic standing may be the cause for withholding further approval for participation in this program. For more information, please review the University Catalog: <http://catalog.csus.edu/>.

Further, I understand that CSU in no way guarantees that completion of this coursework will result in promotion or other advancements. I am taking this course(s) under the CSU Fee Waiver and Reduction Program on a voluntary basis and my participation is not mandated by my employer.

As an employee, I have read and understand the conditions of the Fee Waiver Program which can be found on Technical Letter HR Benefits 2011-14 and my Collective Bargaining Agreement.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**BENEFITS OFFICE USE ONLY**

Career Development Plan  APPROVED  NOT APPROVED  INCOMPLETE AS SUBMITTED  
Comments

Benefits Staff Name \_\_\_\_\_ Benefits Staff Signature \_\_\_\_\_ Date \_\_\_\_\_