

 Employee Reduced Fee
 Enrollment Application Form

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| **EMPLOYEE INFORMATION** |
| Name: |   | Date: |   |
| Classification: |   | Hire Date: |   | Student ID#: |   |
| Department: |   | Phone*:* |   |
| Supervisor: |   | Phone*:* |   |
| Status: |[ ]  Undergraduate |[ ]  Graduate |
| I request to enroll in the following courses in the |   | Department |
| Name of Course(s) | Course Number | Day(s) of Class(s) | Hours | Units |
|   |   |   | **:****-   :** | **.** |
|   |   |   | **:      -   :** | **.** |
|   |   |   | **:      -   :** | **.** |
| This/these course(s) is/are: |[ ]  Position-related |[ ]  Career-related |[ ]  Educational enrichment |
|  |[ ]  Time off to be made up by adjusted work schedule |
|  |[ ]  Time off to be charged to accrued vacation |
|  |[ ]  Pay to be reduced |
|  |[ ]  Time off with pay (*must be position-related or career-related*) |
|  |[ ]  Other (*please explain*) |   |
| I understand that my enrollment under the reduced fee enrollment is subject to the following:* I have been admitted as a regular session student to the University of California
* I am a career employee and have completed by probationary period
* I am enrolling in regular session course(s) totaling no more than nine units or three course
* I am not eligible for the services of the Student Health Center, Gymnasia and Counseling Center
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| Employee Signature: |
| **Approvals** | **HR/Academic Personnel Approvals** |
|  |  |  | Fee Waiver: |  |  |  |
| Chair or Department Head |  | Date |  | Name |  | Date |
|  |  |  | Time off with pay: |  |  |  |
| Supervisor |  | Date |  | Name |  | Date |
| Submit to: Human Resources for staff employee applications or Academic Personnel for academic employees.Retain for one (1) year. |