

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |