

DEPENDENT FEE WAIVER APPLICATION

To be completed by eligible employee and returned to Human Resources, Administration Bldg 01, Room 110

Section I. - EMPLOYEE INFORMATION

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| Employee Name: (Last, First, M.I.)       |
| Campus Email:  | Employee ID       |
| Department      | Campus Ext       |
| Time base       | Bargaining Unit       |

I wish to transfer my fee waiver benefit to my:

[ ] Spouse by marriage

[ ] Dependent child (Please specify by checking the most applicable description below:

[ ] My child or stepchild under age 25(or under age 23 for Units 1, 8 and 10 employees) who has never been married

[ ] a child(not my child or stepchild) living with me in a parent-child relationship who is economically dependent upon me, under age 25 (or under age 23 for Units 1, 8 and 10 employees) and has never been married; or

[ ] my child or stepchild age 25 or above(or age 23 or above for Units 1, 8 and 10 employees)who is incapable of self-support due to a disability that existed prior to age 25

[ ] Domestic partner (Declaration of Domestic Partnership is filed with California Secretary of State

Section II. – SPOUSE/DOMESTIC PARTNER/DEPENDENT INFORMATION

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| Name of Spouse/ Dependent: (Last, First, M.I.)       |
| Empl/Student ID:       | Date of Birth(dep. child only)       |

I certify that the individual named above is my legal spouse, dependent child or registered domestic partner and that the information provided above is true. I understand this transfer prohibits my personal use of the fee waiver or the transfer of this benefit to any other dependent during the term(s) indicated. Further, I understand that my spouse, dependent child or domestic partner is responsible for meeting all registration and payment deadlines. **Additionally**, I understand that under current IRS regulations, this benefit is taxable for a dependent child and spouse taking graduate level coursework, and taxable for a domestic partner taking either undergraduate or graduate level coursework. This taxation is against the employee who transfers the benefit and occurs via a withdrawal on their check warrant.

Section III. - ENROLLMENT INFORMATION – Dependent must be matriculated

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| CSU Campus of Enrollment       | College:       |
| Term :       | Academic Year:       |

I understand my dependent (spouse, domestic partner or dependent child) needs to be matriculated toward a degree or attainment of a teaching credential in the CSU, and the course(s) taken through the fee waiver program need to be for credit toward completion the degree or teaching credential. I understand the fee waiver program only covers up to two state-funded courses and Extended Education courses do not qualify. Unsatisfactory performance in a course(s) or not maintaining good academic standing may be cause for withholding further approval for participation in the program

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Use

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| ☐Approved  | [ ]  Not ApprovedReason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fee Waiver Program Designee Name | Fee Waiver Program Designee Signature | Date |