 **HR 133**

EMPLOYEE FEE WAIVER COURSE NOTIFICATION-

\*Please visit: <http://afd.calpoly.edu/hr/feewaiver.asp> for eligibility information

|  |  |
| --- | --- |
| Name       | Please check one |
| Empl ID       | [ ] Fall  |
| Department       | [ ]  Winter  |
| Campus Phone       | [ ]  Spring  |
| Email       | Academic Year (YYYY/YYYY): |
| CSU Campus to Attend (if other than Cal Poly SLO): |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject****Prefix** | **Course #****And****Section** | Title | Type | **Days** | Hours | **Units** | **#Hrs/Wk****on Work Time** | **Check one:** |
| Work Related | Career Develpment |
|       |       |       |      |       |     |     |       | [ ]  | [ ]  |
|       |       |       |      |       |     |     |       | [ ]  | [ ]  |
|       |       |       |      |       |     |     |       | [ ]  | [ ]  |

* Fees may be waived for classes that are either work-related or part of an employee's career development plan.
* An Individual Career Development Plan(ICDP) must be completed by all new participants in the fee waiver program and revised

whenever there is a change in career development objectives.

* Work time may be used if the operational needs of an office are met for **one course per quarter**, with supervisory approval
* Classes May NOT Be Audited through the fee waiver program
* Enrollment in physical education, activity or recreation leisure courses as “work-related” for stress management or fitness

purposes, while beneficial, is not eligible for fee waiver.

**\*NOTE: First-time fee waiver participants must apply for admission to Cal Poly. Please contact the Admissions Office for guidance at 805.756.2313**

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| Briefly describe how this course work is *work-related* or part of your *Individual Career Development Plan (ICDP*).      |

(Submit a Change of Course Form HR 133b if your class schedule changes or you withdraw from classes).

I understand that it is my responsibility to notify Human Resources if I withdraw from or enroll in courses other than those listed above. I also understand that completion of coursework does not guarantee a promotion or reassignment. My participation in the fee waiver program is voluntary and is not mandated by my employer.

|  |  |
| --- | --- |
|  |  |
| Employee’s Signature | Date |

###### APPROVALS

**Enrollment in the above courses is approved as: (please check ONE)**

**[ ]  Work-related -** courses which have a direct link to the employee’s job; taken to enhance skills required to perform current job duties.

**[ ]  Career development -** courses taken for professional development and to assist the employee in meeting the educational or equivalent experience requirements for another job classification within the CSU.

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| Supervisor Name      |  Signature | Date      |
| Director/Dept. Name       | Signature  | Date      |
| Dean/Division Head Name      | Signature  | Date      |

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| --- |
| HUMAN RESOURCES USE |
| Full-Time/Part-time: \_\_\_\_\_\_\_\_\_  | Bargaining Unit: \_\_\_\_\_\_\_\_ | Temp/Prob/Perm: \_\_\_\_\_\_\_\_\_\_ |
| Review Date:  | Name:  | Signature |