CPU003_primary_logo_PMS349U **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 |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

* 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.

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| --- | --- |
|  |  |
| 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 |

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