

**APPLICATION FOR EMPLOYEE FEE WAIVER/AUTHORIZATION TO TAKE
UNIVERSITY CLASSES**

_____ Fall 20 _____

_____ Spring 20 _____

_____ Summer 20 _____

ALL EMPLOYEES TAKING UNIVERSITY COURSES MUST COMPLETE AND SUBMIT THIS FORM TO THE HUMAN RESOURCES OFFICE, ROOM 106, NORTH CAMPUS BUILDING D. YOU MUST BE ADMITTED TO THE UNIVERSITY BEFORE COMPLETING THIS FORM. THIS FORM **MUST BE COMPLETED EACH SEMESTER** PRIOR TO REGISTERING FOR ANY UNIVERSITY COURSE. **YOU MAY ONLY TAKE ONE CLASS FROM THE APPROVED TRAINING CLASS LIST DURING YOUR REGULAR WORK SCHEDULE.** NOTE: The EMBA Program is **NOT** eligible for Faculty/Staff Fee Waiver. **If you change your schedule after this form is completed, a new revised form must be submitted to the Human Resources Office.**

Faculty and staff members, who are **currently employed full-time** by the last day of registration for the semester in which enrollment is requested, are eligible for a fee waiver for up to six hours per semester at a reduced charge. **Are you eligible for a fee waiver?** _____ YES _____ NO

COURSE REGISTRATION: Please give full name of course and #, days and time course is scheduled.

_____ Course Name _____ Computer # _____ Days _____ Time _____
Is this an approved class for training? _____ YES _____ NO

_____ Course Name _____ Computer # _____ Days _____ Time _____
Is this an approved class for training? _____ YES _____ NO

(FOR STAFF ONLY)

WORK SCHEDULE: If the class you are taking **is not** on the approved training class list for your job classification and it is scheduled during working hours, you must advise your immediate supervisor and timekeeper of how you will make up missed work time to include the appropriate amount of travel time. The time must be made up each week. Employees must take at least a 30-minute meal break each workday. Classified employees are required to clock in and out when attending classes that are not approved training. Unclassified staff must complete the appropriate exception logs for timekeeping.

TIMEKEEPER NAME: _____ **SLU BOX:** _____

Employee's Name (PLEASE PRINT) _____ **Employee's Empld ID # (W#)** _____ **e-mail** _____

Employee's Signature _____

Work Location (Building) _____

Employee's Title/Classification _____ **Dept Name & Budget Unit #** _____ **Work Phone #** _____

BUDGET UNIT/DEPARTMENT HEAD:

I recommend the above mentioned employee be permitted to schedule the above course(s) as requested. **I certify that the employee is not taking more than one class during his/her work schedule and that the employee will work the required number of hours.**

Date _____ **Signature of Budget Unit/Department Head** _____

This section is to be completed by the Human Resources Department.

Human Resources Officer _____ **Date Posted** _____