



Work Related Enrollment Request

The CSU Employee Fee Waiver and Reduction Program provides for the waiver or reduction of certain fees for employees who enroll in work related courses offered by the CSU for the purpose of improving skills for existing jobs, or advancement in accordance with a career development plan.

If you are participating in the Fee Waiver Program for Work Related purposes, please complete and submit this form to the Fee Waiver Coordinator at Mail Drop 8229.

Name: _____ Employee ID: _____ Semester: _____

Employment Department: _____ Bargaining Unit: _____

Eligible employees may participate in the Fee Waiver Program in one of two ways:

Work Related which requires that courses be taken for the purpose of:

- Improving the level of skill needed to perform existing duties and responsibilities, or
Acquiring additional skills needed to perform newly assigned duties and responsibilities

Work Related students are:

- Not subject to the normal academic evaluation process for acceptance by the Admissions Office.
Unable to declare a major, nor can a degree be conferred
Required to remain in Good Academic Standing
(Waived Fees are not subject to taxation)

Career Development which requires that courses be taken for the purpose of:

- Matriculating towards a degree or advancing their academic degree
Enhancing the employee's career in the CSU system
(Waived Fees are subject to taxation)

Internal Revenue Code governs the taxation of employer-provided training and educational assistance, including fee waivers.

Employees enrolled in a CSU master's or doctoral program will be subject to Internal Revenue Code 127 limit of \$5,250 annually. If the value of these courses exceeds the limit, the difference will be reported to the State Controller's Office. Once reported, this amount will appear as taxable income on a single month's check and the applicable taxes will be deducted. The value of these taxable fringe benefits will be reported in the November and April pay periods.

I certify that the courses I am taking through the Fee Waiver Program are work related.

Employee's Signature: _____ Print Name: _____ Date: _____

Manager's Signature: _____ Print Name: _____ Date: _____