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.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Computer #</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this an approved class for training? _____YES _____NO</td>
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(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 ______________