

**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 100, 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 and must be **submitted no later than the 14th class day** of each semester to gain the benefit of the waiver. **Employees may only take one class from the Approved Training Class List during their regular work schedule. Any exception must be approved up through the appropriate Vice President.**

(NOTE: Programs with an approved contract rate are not eligible for the waiver, i.e. EMBA, Study Abroad, Post Master Certificate.)

Faculty and staff members, who are **currently employed full-time** by the first day of classes 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 that you will be taking leave to make up missed work time to include the appropriate amount of travel time. 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 documentation 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.**

Date _____
Signature of Budget Unit/Department Head

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

Human Resources Officer _____ Date Posted _____