SEQUOIAS CCD Human Resources

## EMPLOYEES TAKING COLLEGE OF THE SEQUOIAS COURSES

District employees requesting their enrollment fees be waived for enrolling and taking a District course, must:

- Complete a "Staff Fee Waiver Program" form (see attached).
   (Additionally, this formcan be located on the COS Human Resources webpage).
- 2. If the course the employee wishes to take is offered during his/her normal work hours, the employee must submit the form to his/her immediate supervisor for approval and signature.
- 3. If the course the employee wishes to take is not during his/her work hours, he/she does not need supervisor approval.
- 4. Once completely filled out, the employee must submit the "Staff Fee Waiver Program" form to the Office of Human Resources for processing.
- 5. The deadline for submitting the "staff fee waiver program" form to the Office of Human Resources is one month after the start of the course. "Staff fee waiver program" forms submitted after this date will not be processed.
- 6. If the course is successfully completed, enrollment fees will be waived or reimbursed to the employee if the employee paid enrollment fees prior to submitting the "Staff Fee Waiver Program" form. If the course is not successfully completed, the employee will be required to reimburse the District.

Adopted: April 11, 2011 Revised: November 7, 2019



## STAFF FEE WAIVER PROGRAM

This form is to be completed whenever an employee requests that fees be waived or reimbursed for taking COS classes, whether the class is work related or not. Materials and non-resident fees will not be paid.

Part-time COS employees may only take one course or up to 3 units per semester – whichever is greater. Full-time COS employees may take up to 12 units per semester. Complete one form per class. This form must be completed and turned into the Office of Human Resources within one month from the start of the course.

Name:		Date:			
Banner ID:		Full-Time Employee <b>D</b> Part-Time Employee <b>D</b> Day/Time:			
					Fall
deso a.m.	ork related (i.e., must relate to the ecription) and you are requesting releas 11:00 a.m.) and the total amount o s. If a portion of the class time will be o	e time from work, indica f time (e.g., one hour), i	ate the rangence	e of time (e.g ne to travel to	., 10:00
fees	e: Only courses employees successfus-a "W," "D," "F" or "NC" will not have eosts.				
Employee Signature:			Date:		
Supervisor Signature: (if requesting release time)			Date:		
Supe	ervisor Approval for release time from	work: <b>D</b> Yes <b>D</b> N	o <b>D</b> Does	s not apply	
Offic	ce Use Only				
D D	Fee waiver processed Employee did not successfully complete the course and will be billed Processor's initials				