



San Jose/Evergreen Community College District

EMPLOYEE CLASS ENROLLMENT FEE WAIVER

Name: _____ Employee #: _____

Department: _____ Location: EVC SJCC D.O.

Semester/Year request is for: _____ Classification: _____

The Employee Class Enrollment Fee Waiver provides the opportunity to attend classes within the San Jose/Evergreen Community College District. Courses must be taken outside of the employee's normal work schedule. This is not a guarantee of enrollment in a class(es); employees who wish to enroll in a course must submit to normal District processes regarding admission and enrollment.

Human Resources will verify your employee status as a regular employee. When completed forward this form to the Office of Admissions and Records. **Please note: A new form is required for each semester.**

Please check the appropriate box listed below:

- I am a full time, Faculty Association Bargaining Unit Member:** Effective spring 2003, the SJECCD will pay all fees for Faculty who choose to take classes at SJECCD. (See Article 4.11)
- I am an active Adjunct Faculty Member:** Effective spring 2003, the SJECCD will pay all fees for Faculty who choose to take classes at SJECCD. (See Article 4.11)
- I am a Classified, CSEA Bargaining Unit Member:** Effective spring 2017, the SJECCD will pay all fee for CSEA members who choose to take classes at SJECCD. (see Article 20.7) Such courses may also be eligible for Professional Growth payments if classes were taken after the employee has completed the (1) one year probationary period.

Effective spring 2003, the SJECCD will pay all fees for Managers, Supervisors and Confidential employees of the District who choose to take classes at SJECCD.

- I am a Manager**
- I am a Supervisor**
- I am a Confidential Employee**

I have read the information above and understand the conditions of the Employee Class Enrollment Fee Waiver which applies to me.

Employee Signature: _____ Date: _____

Human Resources Only:

This is to verify that the employee whose name appears above, is eligible as a regular employee of the San Jose/Evergreen Community College District for the Employee Class Enrollment Fee Waiver.

Admissions & Records Only:

Date: _____

CRT'd _____

Total Units: _____

Amt Waived: _____

Amt Paid: _____

The above named employee is:

- ELIGIBLE
- NOT ELIGIBLE

Human Resources representative signature:

Signature: _____

Date: _____