

**FACULTY AND STAFF EMPLOYEE FEE WAIVER APPLICATION
CALIFORNIA STATE UNIVERSITY**

SECTION 1– Employee Information (to be completed by employee for each term of employment)		
Name:	Employee ID:	Classification Title:
Department:	Email Address:	
Campus, Campus Address & Phone:	Time Base: <input type="checkbox"/> Full time <input type="checkbox"/> Parttime Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary (appt.exp. _____) Class Standing: <input type="checkbox"/> Fresh <input type="checkbox"/> Soph <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Credential <input type="checkbox"/> Graduate	

Do you have an approved Individual Career Development Plan on file?

Yes No
