Clovis Community College

Classified Staff Enrollment Fee Waiver Request Form

A unit member enrolling in College District Courses shall be eligible for a waiver of enrollment fees on a <u>space availability basis</u>, except that the unit member shall be required to reimburse the College/District if the member receives a grade of D, F, incomplete or withdrawal and the District is authorized through automatic payroll deduction to charge back any waived enrollment fees for failure to maintain a grade of C or better. (Article 18, #6 of the bargaining agreement)

This form should be used for two purposes: 1) To request a waiver of enrollment fees, and/or 2) to request a modified work schedule to attend a course during your normally scheduled work hours. Enrolling prior to the first day of class will nullify your ability to request a fee waiver. The completed form should be forwarded to the business services office for processing.

Name:		Dept:	ID #:
Course Section #	Course Title	Start Date End Date Campu	s Grade Waiver Requested
			{ } Yes / { } No
			{ } Yes / { } No
			{ } Yes / { } No
			{ } Yes / { } No
			{ } Yes / { } No
Employee Signature:		Date:	
If	you are requesting a m	nodified work schedule please com	aplete the following:
-Describe how the	course(s) will improve	your service to the District.	
-List the days and l	nours you plan on atten	nding the course(s) during your no	rmal work schedule.
-List the days and l reduced pay if you	· -	ng up work hours missed due to a	ttending the course(s), or note
I certify that the en or department to co		the above course(s) will not adve	ersely affect the ability of our office
Supervisor's Appro	oval		Date
President's Approv	val		Date
BSO Processed			Date