

City College of San Francisco

Employee Enrollment Fee Waiver Program

Term Applying For: **Fall** **Spring** **Summer**

Complete this form prior to or at the time of registration and return it to the **Human Resources Department, 33 Gough Street.**

Name: _____ Employee ID: _____

Department: _____ Work Location: _____

Job Classification and Title: _____

I have read article 13.D of the SEIU local 790/District Collective Bargaining Agreement and understand the conditions of the Employee Enrollment Fee Waiver Program.

Employee Signature: _____ **Date:** _____

Do not write below the line

Human Resources Only

This is to verify that the employee whose name appears above is eligible for the Enrollment Fee Waiver Program.

Eligible Not Eligible

Signature: _____

Date: _____

Administrative Services

Date Received: _____

Total Units and As-Of Date Verified:

Units: _____ Date: _____

Signature: _____

Date of Fee Reversal: _____

Please note: This is an employee benefit expense charged to the Unrestricted Fund

Copy Distribution: **Original**-Human resources **Yellow**-Administrative Services **Pink**-Employee