

Employee-Student Reduced Fee Authorization

Instructions: Read Policy and UCD Procedure 51. Complete this form, obtain the required signatures, then send to the Office of the Registrar by the 10th day of instruction. If you are registered for more than 9 units or 3 regular session courses, you will be dropped from the program and billed for full University fees. Approval is subject to the requirements for admission to the University and to the courses listed.

Internal Revenue Code (IRC) Section 127 Educational Assistance Programs requires UC to report educational assistance in excess of \$5,250.00 on the employees' W-2 form and the withholding of employment taxes.

Name _____ Payroll title _____
 Last First Middle

Employee ID _____ Department _____

Student ID Number _____ Phone _____

Courses to be taken:

Fall Winter Spring

Year: _____

Name of Course	No.	Day(s) of Class	Hours of Class	Credits

Employee Signature _____ Date _____

- Approved as time worked
- Reduced work schedule (time without pay)
- Alternate work schedule

Supervisor Signature _____ Date _____

Eligibility Certification: I certify that the employee holds an appointment as a nonprobationary career employee for the quarter/semester designated above.

Signature _____
 Supervisor (campus) or Training & Development (UCDHS)

***IMPORTANT: All signatures are mandatory. Each signature is certifying a different requirement.**

Registrar Approval _____ Date _____