

UC DAVIS 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.

Name _____ Payroll title _____
 Last First Middle

SSN* _____ Department _____ Phone _____

COURSES TO BE TAKEN: Circle one: 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 non-probationary career employee for the quarter/semester designated above.

SIGNATURE _____
 Supervisor (Campus) or Training & Development (UCDHS)

REGISTRAR'S APPROVAL _____ Date _____

*Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is voluntary. This record-keeping system was established pursuant to the authority of The Regents of the University of California under Article IX, Section 9, of the California Constitution. The Social Security number is used to verify identity.