

**Oregon Public Universities  
STAFF FEE PRIVILEGES APPROVAL FORM - EMPLOYEES**

**\*\*A New Form Must Be Completed by the Employee Each Term\*\***

- Employees must submit approval form to campus HR Department **no later than two days prior to the first day of classes.**
- Employees are eligible to use or transfer the Staff Fee Benefit if employment in a qualifying position begins **on or before** the first day of the term.
- If the form is submitted after the specified deadline it may be approved at the discretion of both the employing and enrolling campuses; employees with approved late submissions will be responsible for accrued interest and billing charges.
- If employment terminates before the start of classes, the use of the Staff Fee Benefit is **not permitted** - even if previously approved by campus Human Resources

**A. Employee Information Section (check one):**    **Classified**       **Unclassified**       **Retiree**

Print Name (Last, First, Middle): \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employing Institution: \_\_\_\_\_ Year and Term: \_\_\_\_\_ / \_\_\_\_\_ Employing Department: \_\_\_\_\_

Campus Providing Classes (if different from employing campus): \_\_\_\_\_ ID # at Host Campus: \_\_\_\_\_

**B. Employee requests approval to register for the following course(s):**    **Undergraduate**       **Graduate**

- Required**      (1) Do you have a Bachelor's degree?       **yes**       **no**
- Information:**      (2) Will you apply these credits toward a graduate degree?       **yes**       **no**
- (3) Are you enrolled in a graduate program?       **yes**       **no**
- (4) Do you hold university faculty rank?       **yes**       **no**

**If the answer to #4 is "yes", Section F of this form MUST be completed.**

**C. Employee registers for the following course(s):** List *all* undergraduate or graduate level courses to be applied to the staff fee benefit. **Note: Maximum of 12 credit hours per term. Additional undergraduate or graduate credit hours will be assessed at the current per-credit-hour rate.**

DEPARTMENT Subject Code (If known)	COURSE Prefix & Number	DAY/TIME	TITLE	HOURS OF		UNIVERSITY
				Credit	Audit	

**D. Required Certification:**

- I certify that I will be:       Employed at least .5 FTE in a qualifying position for the applying year/term
- Retired
- On leave from a .5 FTE or more, qualifying position

I have read and understand the information and agree to the terms and conditions described in this form. I understand that I must satisfy the university's requirements for enrollment in classes. *I understand I must report receiving this tuition benefit when applying for student financial aid.* I understand I am responsible for any applicable fees, taxes or withholdings, if any, as required by the university or under the Internal Revenue Code and by the State of Oregon. I authorize the university where I am enrolled in classes using staff fee privileges to release all assessed staff tuition information to university Human Resources and payroll representatives. I understand the university where I enroll for classes excludes certain classes and programs from staff fee privileges. A list of excluded classes is available from the attending university.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

