

Fee Reimbursement Instructions and Application Agreement

◆ ELIGIBILITY

In order to participate in the Cal Poly Corporation (CPC) fee reimbursement program, an employee must be a regularly benefited, full-time employee and have been employed by the Cal Poly Corporation for a **minimum** of six months. Courses taken must be either work-related or part of an approved Career Development Plan/degree goal which relates to a position within the CPC; CPC will pay for up to 6 units and the employee is responsible to pay any fees beyond 6 units; Employee may be released during scheduled work hours for class time (with supervisor approval depending on operational needs) up to one course per quarter; (for purposes of overtime) time spent will not be considered hours worked unless attendance is required by the CPC.

⇒ Employee must **read** and **sign** statement below:

STATEMENT OF RESPONSIBILITY

1. I am responsible for applying for admission at an approved, accredited institution.
2. If applying for admission to Cal Poly, I agree to pay the registration fee of \$3.00 (and any additional fees beyond 6 units) to the State Cashiers office at least three working days prior to CPreg registration.
3. If attending an institution other than Cal Poly, I will pay for the entire tuition in advance and will be reimbursed after I complete the class.
4. I must maintain a grade of "C" or better in all classes to maintain my eligibility for fee reimbursement and I will be responsible to reimburse the CPC through payroll deduction for the tuition fees if a grade of "C" or better is not achieved in all classes.
5. I am responsible to drop the class within the designated "drop period" for any reason, or if my application is not approved, to avoid any fees being charged to the CPC. I understand that if I do not drop classes (for any reason) within the designated "drop period" **I am responsible to pay the tuition fee in its entirety through payroll deduction**. I understand that if I do not drop a course **prior to** the first day of classes, I will be charged a percentage of mandatory campus fees. I am responsible to pay these fees through payroll deduction.

⇒ *I have read and will comply with the above requirements for eligibility.*

EMPLOYEE SIGNATURE

DATE



◆ **INSTRUCTIONS FOR ENROLLMENT**

⇒ IF APPLYING TO CAL POLY **FOR THE FIRST TIME:**

1. Complete University Application for Admission. You may apply online at www.csumentor.edu. Indicate “submitting a check” when asked for your application fee payment method. We will inform Admissions that you are a Cal Poly Corporation Employee participating in this program and the application fee will be waived.
2. Complete this entire Fee Reimbursement Application Agreement form.
3. Obtain a **signed** “Fee Waiver Authorization” from the CPC Human Resources Office.
4. Submit #1 and #3 (above) to the Cal Poly Admissions Office, (Building 1, Room 206) and pay \$3.00 to the State Cashiers Office (Building 1, Room 131).
5. Submit the Fee Reimbursement Application Agreement form to the CPC Human Resources Office after your Supervisor and Department Head have signed their approval.
6. Register via internet, www.mycalpoly.edu, through CPReg during the specified registration period.
7. Your grade(s) will be reviewed by the CPC Human Resources Office from the Student Information System (SIS).

⇒ IF YOU HAVE **PREVIOUSLY BEEN ENROLLED** AT CAL POLY:

NOTE: If you are a returning student but **HAVE NOT TAKEN CLASS FOR MORE THAN 2 QUARTERS**, you may be required to re-apply and follow steps 1 - 6 above.

1. Complete the Fee Reimbursement Application and Agreement form. NOTE: You will need to complete the Career Development Plan if you are changing your career path or if it has been over 1 year since the last time you attended any courses.
2. Submit the form to the CPC Human Resources Office (Building 15, Room 130).
3. Submit \$3.00 to the State Cashiers Office (Building 1, Room 131).
4. Register via internet, www.mycalpoly.edu, through CPReg during specified registration period.
5. Your grade(s) will be reviewed by the CPC Human Resources Office from the Student Information System (SIS).

⇒ IF YOU ARE ENROLLING IN **ANOTHER ACCREDITED INSTITUTION:** **(Cuesta College, Allan Hancock, Extended Education, etc.)**

1. Complete Application for Admission or registration paperwork from the institution. Please note that it is your responsibility to obtain the required forms.
2. Complete the Fee Reimbursement Application Agreement form and submit to CPC Human Resources Office (Building 15, Room 130) after your Supervisor and Department Head have signed their approval.
3. Submit Application to the institution or educator and pay any tuition fees required. **Keep receipts and any proof of payment for future reimbursement.**
4. Register as required.
5. When you receive your grades(s), submit **original transcript** to CPC Human Resources Office (Building 15, Room 130) along with the proof of payment for reimbursement purposes.

Fee Reimbursement **Approval Form**

◆ **EMPLOYEE AND COURSE INFORMATION**

Employee Name: _____ Employee ID # _____

Department: _____ Phone Ext: _____

School Attending: _____ Quarter/Year: _____

Employee, list your choice of classes in order of preference.

<u>RANK</u>	<u>CLASS</u>	<u>UNITS</u>	<u>DAYS</u>	<u>TIMES</u>
#1				
#2				
#3				

Comments:

- ◇ Is course part of a Career Development Plan? YES NO
 - ◇ Is course work related? YES NO
 - ◇ If yes, explain how it is work related: _____
 - ◇ Is course required as a condition of employment? YES NO
 - ◇ Will course be taken on own time? YES NO
 - ◇ Are you taking MORE than ONE class this quarter? YES NO
- (If yes, please indicate:) _____

◆ **SIGNATURES FOR APPROVAL**

SUPERVISOR **SIGNATURE** **DATE**

DEPARTMENT HEAD **SIGNATURE** **DATE**

Pat Hosegood Martin
ASSOCIATE HUMAN RESOURCES DIRECTOR **SIGNATURE** **DATE**

Fee Reimbursement **Career Development Plan**

◆ CAREER DEVELOPMENT INFORMATION

Employee Name: _____ Employee ID # _____

Department: _____ Phone Ext: _____

Degree Goal: _____

Does this degree relate to a position in the Cal Poly Corporation? YES NO

If yes, which position(s): _____

List 6 to 8 quarters of courses to be taken to accomplish career goal and attach a copy of course catalog requirements. (You may wish to attach a copy of the required courses listed in the Course Catalogue. Update this plan as necessary, at least annually).

<u>COURSE TITLE</u>	<u>UNITS</u>	<u>QUARTER</u>	<u>YEAR</u>

THIS CAREER DEVELOPMENT PLAN HAS: BEEN APPROVED NOT BEEN APPROVED

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SUPERVISOR SIGNATURE DATE

DEPARTMENT HEAD SIGNATURE DATE

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ASSOCIATE HUMAN RESOURCES DIRECTOR SIGNATURE DATE