

Instructions: Return completed form to University Personnel 0046 or Email fee-waiver@sjsu.edu

EMPLOYEE INFORMATION			
Name:	Employee ID Number:	Semester:	Campus of Enrollment:
Department & Zip:	Phone Extension:	Bargaining Unit:	
Street Address, City & Zip:			Email:

COURSE INFORMATION					
DEPARTMENT COURSE #	COURSE TITLE	SECTION #	UNITS	DAYS	HOURS
Major: _____ Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Second Baccalaureate <input type="checkbox"/>					
If applying for Career Development for the first time you must be accepted as a student through the Admissions & Records Office before registering in Fee Waiver courses. (You must use the standard University application).					
Admitted Date: _____ Registration Date: _____					
University Application Fee Paid by: Credit Card <input type="checkbox"/> Check <input type="checkbox"/>			Check No: _____	Waived <input type="checkbox"/>	
Describe briefly how the above classes relate to your Individual Career Development Plan:					

USE OF STATE TIME APPROVAL	
Approval by the immediate supervisor to attend class during working hours is subject to requirements of departmental workload. One course only may be attended during working hours (EXCEPT UNIT 8). Supervisor's signature is required even if class is NOT taken on State time.	
Approved to attend class on State time <input type="checkbox"/>	
Course Title: _____	Hours per week: _____
Not approved for attendance on State time <input type="checkbox"/>	Classes taken during non-work hours <input type="checkbox"/>
If not approved, will work hours be adjusted? No <input type="checkbox"/> Yes <input type="checkbox"/>	Hours per week: _____
Immediate Supervisor's Signature: _____	Date: _____

EMPLOYEE CAREER DEVELOPMENT PLAN (attach additional pages as needed)

1. What is your long-range career objective?

2. Have you met with your major department advisor?

3. How will this degree or course of study assist in accomplishing your long-range objectives?

4. How long do you anticipate it will take you to complete your studies?

5. Could you benefit from developmental assignments (on-job training, job rotation, special assignments) in your present office setting? Have you discussed and/or established this possible avenue of training with your supervisor?

6. Have you discussed in detail your developmental plan and long-range objectives with your supervisor?

I realize that San José State University can only assist me in acquiring skills, training, and academic studies which can equip me to apply for a position, and that San José State University cannot guarantee that I will receive a promotion or other advancement resulting from my completion of this specific individual career development plan.

Employee Signature:

Date:

SUPERVISOR SECTION

It is important for each supervisor to discuss this Individual Career Development Plan with the employee. An in-depth knowledge and understanding of the identified goals/objectives of the employee will be of assistance to each supervisor for:

- Consulting and advising the employee in assessing and developing a realistic evaluation and plan of needed skills and knowledge.
- Providing and directing developmental work assignments which can create an experiential learning environment to coordinate and compliment the coursework being pursued.

1. What plans have you discussed and/or considered for on-the-job development with this employee?

2. Additional comments:

PROGRAM APPROVAL SIGNATURES

Immediate Supervisor's Signature:

Date:

Appropriate Administrator's (MPP) Signature:

Date:

Appropriate Administrator's Name (print):

ADVISING APPROVALS

If you are an **undergraduate**, you will need to make appointments for general education advising and academic subject advising. Either have the advisors sign and date this form, or attach a copy of the class lists they give you prior to submitting it to the Human Resources Service Group. If you are a **graduate**, GE advising is not necessary.

GE Advisor signature:

Date:

Comments:

Major Department subject advisor signature:

Date:

Comments:

Fee Waiver Advisor Signature:

Date:

PLEASE COMPLETE THE FOLLOWING

Class level at time of entry in CSU. Enter code in box:

- 0 First time Freshman
- 1 Freshman transfer
- 2 Sophomore
- 3 Junior
- 4 Senior
- 5 Graduate/post baccalaureate

Citizenship status. Identity status and enter code in box:

- Y U.S. Citizen
- R Refugee
- 1 551 (green card)
- I Immigrant
- F F-1 visa Date issued: _____
- J J-1 visa Date issued: _____
- O Other visa, Specify: _____
- Must be prepared to verify

Ethnic identity (**Your response is voluntary.**) Enter a code in box:

- | | | | |
|---|----------------|--------------------------|-------------------------|
| I American Indian or Alaskan native; Tribe: _____ | J Japanese | G Guamanian | S Other Southeast Asian |
| 2 Black, non-Hispanic, including African-American | K Korean | H Hawaiian | 8 Other |
| 3 Mexican-American, Mexican, Chicano | L Laotian | N Samoan | 9 No Response |
| 4 Other Latino, Spanish-Origin, Hispanic | M Cambodian | Q Cuban | D Decline to state |
| A Central American | R Asian Indian | 7 White | |
| B South American | V Vietnamese | F Filipino | |
| C Chinese | 5 Other Asian | P Puerto Rican | |
| | T Thai | 6 Other Pacific Islander | |

EMPLOYEE SIGNATURE

To the best of my knowledge the above information is correct. Further, I authorize the Admissions & Records Office to release information concerning my studies, grades, and transcripts to the Human Resources Department. Unsatisfactory performance in a course(s) or not maintaining good academic standing (GPA of 2.0 or above for undergraduates, GPA of 3.0 or better for graduates) may be the cause for withholding further approval for participation in this program. I am taking this course(s) under the CSU Fee Waiver program on a voluntary basis and my participation is not mandated by my employer.

Employee's Signature:

Date:

HUMAN RESOURCES USE ONLYEmployee Individual Career Development Plan Approve Disapprove

Disapproval explanation:

Employee Status: FT PERM Temp

If Temp Position, Start/End Dates:

Human Resource Signature:

Date: