Office of Human Resources

SHIPPENSBURG UNIVERSITY

APPLICATION FOR BASIC FEE WAIVER

Under the University's policy of Basic Fee Waiver, I wish to apply for a fee waiver for:

Name: _____

ID # : _____

I am enrolled in the _____program
(*Non-matriculating/undergrad/grad)*

For the _____ semester of the 20 _____- _____academic year.
(First/second/summer)

Class attending: _____
Class schedule: _____ _____
(days) *(time*)
Class attending:_____
Class schedule: _____ _____
(days) *(time)*

Number of credits attained to date: _____

Employee Signature:_____ Date: _____

ID #: _____ Department: _____

PLEASE COMPLETE THE ALTERNATE WORK SCHEDULE FORM ON THE BACK OF THIS APPLICATION

Registrar/Graduate Office Use only	***Human Resources Office only***
The student named above is properly enrolled in _____credits for A.Y._____.	*I have been provided with adequate proof of eligibility (birth or marriage certificate) and the Basic fee waiver of _____ % is approved for the semester as requested.*
Official: _____	*HR Representative: _____*
Date: _____	*Date: _____*
No. of credits attained from SU to date: _____	*Bargaining Unit:_____*
	Technology Fee Code: _____
	Tuition waiver Code: _____

Office of Human Resources

SHIPPENSBURG UNIVERSITY

ALTERNATE WORK SCHEDULE REQUEST

EMPLOYEE'S NAME: _____

EMPLOYEE'S CLASSIFICATION: _____

EMPLOYEE'S DEPARTMENT: _____

EMPLOYEE'S STANDARD WORK SCHEDULE							PROPOSED ALTERNTE WORK SCHEDULE						
MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN

HOURS	BEGIN	END	HOURS	BEGIN	END
WORK			WORK		
BREAK			BREAK		
WORK			WORK		
LUNCH			LUNCH		
WORK			WORK		
BREAK			BREAK		
WORK			WORK		

EFFECTIVE DATE:

EMPLOYEE'S SIGNATURE:	DATE:

REQUIRED SIGNATURES			
IMMEDIATE SUPERVISOR			
INTERMEDIATE SUPERVISOR			
DEAN/ DIRECTOR			
VICE PRESIDENT			
COMMENTS:			