

**TO BE COMPLETED BY THE EMPLOYEE**

This is to verify that I, \_\_\_\_\_ Emp. I.D. \_\_\_\_\_  
PRINTED NAME

am currently employed by the Kern Community College District as (PLEASE CHECK CATEGORY)

- Classified
- Full-time Faculty
- Adjunct Faculty
- Administrator

and, as such, I am entitled to a waiver of registration fees for the (INDICATE SEMESTER AND YEAR)

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- Summer \_\_\_\_\_ semester.

Requested By \_\_\_\_\_  
SIGNATURE OF REQUESTOR

**TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE**

Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF AUTHORIZED SIGNOR

\_\_\_\_\_  
PRINTED NAME

**TO BE COMPLETED BY THE BUSINESS OFFICE**

Fee Waiver Completed By \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF ENTRY CLERK DATE OF ENTRY

\_\_\_\_\_  
PRINTED NAME

**PROCEDURES FOR EMPLOYEE REGISTRATION FEE WAIVER**

1. Employee registers for class by completing all A&R Forms, etc., but does not pay fee.
2. Employee completes top portion of this form as indicated.
3. Employee takes or sends form to Human Resources Office.
4. Human Resources staff verifies employment and completes middle portion of this form as indicated.
5. Human Resources staff forwards form to Business Services Office.
6. Business Services staff completes fee waiver within automated system; form retained by Business Office.