



SAN JOAQUIN **DELTA COLLEGE**

HUMAN RESOURCES DEPARTMENT

EMPLOYEE/DEPENDENT ENROLLMENT FEE WAIVER

This Waiver CANNOT be applied to Community Education Classes

NAME OF EMPLOYEE: _____ **TITLE:** _____

WAIVER REQUESTED FOR SEMESTER/YEAR: _____

This form should be completed every Fall semester if necessary to cover Fall, Spring, and Summer sessions.

FEE WAIVER REQUEST FOR:

Employee: _____
(N/A if only requesting for dependent)

Delta ID : _____
(N/A if only requesting for dependent)

Dependent: _____

Delta ID : _____
(Required)

Relationship to employee: _____
(Required)

Pursuant to BP 3825, I certify that the applicant for this enrollment fee waiver meets the criteria as a qualifying dependent and/or spouse/partner.

Signed: (Employee) _____ Date: _____
(Required)

**Submit completed form to the Office of Human Resources
Administration Building, Room 202 or humanresources@deltacollege.edu**

(Human Resources Department Use Only)

Employee/Dependent is eligible for the Enrollment Fee Waiver.

Waiver Authorization: _____ Date: _____
(Human Resources Department Designee)

Human Resources will forward authorization to Fiscal Services for processing.