UCR CAREER STAFF DISCOUNT FORM

To be used by UC Riverside career staff employees enrolling in Summer Sessions courses. Department approval signature is required.

UCR Summer Sessions and Special Programs, 900 University Ave., Riverside, California 92521 : (951) 827-3044, FAX (951) 827-7370 www.summer.ucr.edu

FORM PROCEDURES:

If you are a UC career staff employee with a non-ending employment date, and you are matriculated for the coming academic year, you are eligible for reduced Summer Sessions fees in accordance with the Regent's Policy. Referendum fees, lab fees and course material fees are not discounted.

Please obtain your departmental supervisor's signature. Once submitted and approved, please proceed to R'Web to register and pay for courses.

*****Please read about the payment policy on our website prior to enrolling in any courses.****

DEFINITION OF CAREER STAFF MEMBER

A career appointment is an appointment established at a fixed or variable percentage of time at 50% or more of full-time, which is expected to continue for one year or longer. In addition, a limited appointment shall be designated as a career appointment when the incumbent has attained 1,000 hours of qualifying service in any 12 consecutive months without a break in service of at least 10 consecutive days. Qualifying service included all time on pay status hours when computing qualifying service. Such career designation shall be effective the first of the month following attainment of 1,000 hours of qualifying service.

SECTION 1 - PERSONAL INFORMATION:

Last name	First name	Middle Initial		Campus Department	Emp	loyee/Stu	dent ID #		
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Address		City	State	Zip	Daytime Phone #				
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SECTION 2 - COURSE INFORMATION:

Please list all desired courses. You will enroll through R'Web.							
Call#	Session	Department	Course#	Units			
Ex:12345	А	SPN	003	4			

SECTION 2 - SIGNATURES:

SECTION 2 SIGN TIONES.		
The above named person is a career staff UCR employee appointed at approval to attend the above named course(s) with class meeting times		
Signature and Name of Department Head/Supervisor	Employee Signature	Date Signed
Department	Processed By	 Date Received
Date Signed		Date Processed
		OFFICE USE ONLY