## Oregon Institute of Technology Request for Late Approval of Staff Fee Privilege

The Staff Fee requests deadlines for OIT employees attending OIT or another OUS University is two days prior to the first day of the term. The Staff Fee requests deadline for OIT family members attending OIT or another OUS University is two weeks prior to the first day of the term.

FORMS MUST BE RECEIEVED BY OFFICE OF HUMAN RESOURCES, SNELL 109 BY 5:00PM ON, OR BEFORE THE DEADLINES LISTED ABOVE. FORMS CAN BE FAXED TO 541.851.5200.

Appeals for approval at another University are subject to review from both agencies, and may be denied at either the employing University, or the University providing the classes.

Staff Fee generally will not be approved if the request form is not received by the close of business on the deadline date. If you believe you have extenuating circumstances that prohibited you from meeting the deadline, complete the information below and submit along with your Staff Fee Privilege request form to the Office of Human Resources, 109 Snell Hall.

Approval on a one-time only basis may be granted by OIT for issues found to be not extenuating (lack of knowledge, forgetfulness, pre-planned travel away from work on the day of the deadline, sick the day of the deadline, etc) <u>but will disqualify the</u> employee from further appeals without extenuating circumstances.

If you have any questions contact the Office of Human Resources at 541.885.1120.

| Date:  | _ Employee Name:        |    | ID Number:  |
|--|-------------------------|----|-------------|
| Department:  | Email: _                |    | Work phone: |
| Type of Staff Fee Request: Employee Family Member  |                         |    |             |
| Applicable Term:   |                         |    |             |
| Reason for missing deadline:   |                         |    |             |
|  |                         |    |             |
|  |                         |    |             |
|  |                         |    |             |
| By signing this appeal, I acknowledge that no further appeals will be considered without extenuating circumstances.  Employee Signature: |                         |    |             |
| Approval due to Extenuating Circumstances: One Time Approval: Denied:  |                         |    |             |
| Human Resources F  | Representative Signatur | re | Date        |