

**Employee ACTUAL Time Record Sheet for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVER
ADMINISTRATIVE ACTIVITIES
Form Instructions**

The purpose of this time record is to collect information on employee time spent working on programs mandated by the state. Do not report any time on this form which has already been reported on Form 1.6b.

Employee Information: Your name, exact job title, time spent, and description of the activity is required by the State Controller to support the annual claim for reimbursement. The department and location information is used to obtain payroll information when necessary for determining the cost of the time spent on the program.

Activity Description

On the back of this sheet is a time sheet to report your participation in the mandated program. Indicate the time spent on each of the reimbursable activities:

Activity Description-Administrative Activities

- Code 1** Policies and Procedures: Time spent by staff to prepare and update policies and procedures:
- A. For the collection of enrollment fees
 - B. For the determination of which students are eligible for waiver of the enrollment fees.
- Code 2** Staff Training: Time spent by staff to conduct or attend training to implement the mandate.
- A. For the collection of enrollment fees
 - B. For the determination of which students are eligible for waiver of the enrollment fees.
- Code 3** Record Retention: Time spent by staff recording and maintaining records which document all of the financial assistance provided to students for the payment or **waiver of enrollment fees** in a manner which will enable an independent determination of the district's certification of the need for financial assistance.
- Code 4** State Reporting: Time spent by staff preparing and submitting financial and management information data and reports to the state agencies at specified times each year regarding **the type and number of waivers** approved and amounts waived.

If your activity generates work product such as new policy statements, new forms, brochures, meeting agenda materials, please send them along with these forms for our files.

Employee ACTUAL Time Record Sheet for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVER ADMINISTRATIVE ACTIVITIES

District: San Mateo County Community College District Fiscal Year: _____

Employee Name _____ Exact Position Title _____

Department/Location _____ Telephone # _____ 12mo / 11mo / 10mo / hrly
Work year length

Reimbursable Activities Codes:

- Code 1** Policies and Procedures: Preparing policies and procedures:
A. Enrollment fee collection B. Waiver of the enrollment fees
- Code 2** Staff Training: Preparing, conducting, or attending training:
A. Enrollment fee collection B. Waiver of the enrollment fees
- Code 3** Record Retention: Time spent by staff recording and maintaining records which document all of the financial assistance provided to students for the payment or **waiver of enrollment fees** in a manner which will enable an independent determination of the district's certification of the need for financial assistance.
- Code 4** State Reporting: Time spent by staff preparing and submitting financial and management information data and reports to the state agencies at specified times each year regarding **the type and number of waivers** approved and amounts waived.

NOTE: Only one code entry per line.

Date:	Activity Code (circle one):	Describe the activity:	Time in Hours
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		
	1A 1B 2A 2B 3 4		

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (or declare) under penalty of perjury under the laws of the State of California to be true and correct based on your personal knowledge or information." This information is used for cost accounting purposes only. PLEASE USE BLUE INK

Employee Signature _____ Date _____

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____