

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

The purpose of the 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 1.6a.

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.

On the back of this sheet is a time sheet to report your participation in the mandated program activities. This form is "historical" in nature and is used to reconstruct the total amount of time spent throughout the year on the mandate reimbursable activities.

Activity Description

To assist you in determining the amount of time spent on the program, descriptions of possible items required for this mandate are listed under the relevant reimbursable activity. Indicate the total amount of time, if any, spent for the entire fiscal year on each of the reimbursable activities.

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.

Other Reimbursable Costs

Printing, stationary, postage, and other supply costs are usually reimbursable. You must attach to this form copies of vouchers for any expenses incurred.

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ADMINISTRATIVE ACTIVITIES**

District: San Mateo County Community College District

<u>Employee Name</u>	<u>Exact Position Title</u>
<u>College/Department/Location</u>	<u>Telephone #</u>
	<u>12mo / 11mo / 10mo / hrly</u>
	<u>Work year length</u>

Typical Reimbursable Activities: FISCAL YEARS- Report time in hours
98-99 99-00 00-01 01-02 02-03 03-04 04-05 05-06

Code 1 Policies and Procedures: Time spent by staff to prepare and update policies and procedures:

A. Enrollment Collection Process:

B. Enrollment Waiver Process:

Code 2 Staff Training: Time spent by staff to conduct or attend training to implement the mandate.

A. Enrollment Collection Process:

B. Enrollment Waiver Process:

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.

TOTALS:

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 Raymond Chow, at 6742

PLEASE SUBMIT THIS INFORMATION BY _____; TO Suki Chang