

**Employee AVERAGE Time Record for Mandated Costs  
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS  
ENROLLMENT FEE COLLECTION/CASHIER FUNCTIONS  
Form Instructions**

The purpose of this time record is to collect information on the **average** amount of time spent by staff personnel to implement each of the reimbursable activities required by the mandate program.

Employee Information

Staff names, exact job titles, time spent, and descriptions of the mandate activities are required by the State Controller to support the annual claim for reimbursement.

Activity Description-**ENROLLMENT FEE COLLECTION/CASHIER FUNCTIONS**

- Code 11**     Student Account: Average time per student to reference (e.g., pull up on the computer) the student account and record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- Code 12**     Calculate Enrollment Fee: Average time per student to explain the enrollment fee requirements, calculate the enrollment fee, collect the payment or establish a receivable, update student account/record, and print out student receipt/course list/other report.
- Code 13**     Answering Questions: Average time per student to answer questions and/or to refer the student to the appropriate person for an answer.
- Code 14**     Updating Student File: Average time per student to update written and computer records for the enrollment fee information, and providing a copy to the student.
- Code 15**     Amounts Receivable/Delinquencies: Average time per student to collect enrollment fees due and/or delinquent accounts (telephone contact, written notices, collection agencies, small claims court, etc.).
- Code 16**     Refunds: Average time per student to calculate the enrollment fee refund for students who later become eligible for waivers (not just course changes), explain the process, and update the student account/record.

On the back of this sheet is a time sheet to report your participation in the mandated program. Indicate the **average** time spent on each of the reimbursable activities. If your activity generates work product such as policy statements, forms, brochures, meeting agenda materials, please send them along with these forms for our files.

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ENROLLMENT FEE COLLECTION/CASHIER FUNCTIONS**

Please report below the **average** amount of time spent (in minutes) by you to implement each of the reimbursable activities for the mandated program.

San Mateo CCCD  
 District \_\_\_\_\_ Department/Location \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Exact Position Title \_\_\_\_\_  
 Telephone # \_\_\_\_\_ 12mo / 11mo / 10mo / hrly Fiscal Year: 98-99 99-00 00-01 01-02  
 Work year length(circle) \_\_\_\_\_ 02-03 03-04 04-05 05-06  
 (Circle the years for which you are responding.)

How to report time: Step 1: For each activity, list the average time in minutes  
 Step 2: Select the appropriate workload multiplier from Form 1.7-1

Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
<b>Code 11</b> Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.						
<b>Code 12</b> Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.						
<b>Code 13</b> Answering Questions and/or referring student to the appropriate person for an answer.						
<b>Code 14</b> Updating Student File for the enrollment fee information, and providing a copy to the student.						
<b>Code 15</b> Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
<b>Code 16</b> Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.						

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.