## Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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 WAIVER FUNCTIONS

Waiving fees for BOG grant students and for the enrollment fee waivers provided for by Education Code Section 76300, subdivisions g and h.

- Code 21 <u>Answering Questions</u>: Average time per student to answer student questions regarding fee waivers or referring them to the appropriate person for an answer.
- Code 22 Receiving Applications: Average time per student to receive the waiver application from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.
- Evaluating Applications: Average time per student to evaluate each application and verification documents (dependency status, household size and income, SSI and TANF/CalWorks, etc.) for compliance with eligibility standards utilizing information provided by the student, from the student financial aid records (e.g., FAFSA), and other records.
- Code 24 Incomplete Applications: Average time per student to notify the student of the additional required information and how to obtain that information. Holding the student application and documentation in suspense file until all information is received.
- Approved Applications: Average time per student to copy all documentation and file the information for further review or audit. Entering the approved application information into district records and /or notifying other personnel performing other parts of the process (e.g., cashier's office). Providing the student with proof of eligibility or an award letter, and file paper documents in the annual file.
- Code 26 <u>Denied Applications</u>: Average time per student to review and evaluate additional information and documentation provided by the student when the denial is appealed by the student. Provide written notification to students of the results of the appeal or any change in eligibility status.

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.

## Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) FUNCTIONS

	e <b>average</b> amount of time for the mandated program		nutes) by yo	ou to imp	lement e	ach of th	ıe	
District	Department/Location							
Employee Name		Exact Positi	on Title	99-00	00-01	01-02	_	
Telephone #	Work year length(circle)	02-03 03-04 04-05 05-06 (Circle the years for which you are responding.)						
	1: For each activity, list the av 2: Select the appropriate wor			17-1				
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS			Average Time in	1.7-1 Workload Multiplier (Check one)				
			Minutes	6	7	8		
Code 21 Answering referring them to the a								
Code 22 Receiving A computer online acceedigibility information p	orm of							
Code 23 Evaluating verification document standards.								
the additional required	Applications: notifying the dinformation. Holding the nse file until all information	student						
and filing the informat	pplications: Copying all docion. Entering information in udent with proof of eligibility	nto district						
documentation provid	olications: Reviewing addition ed when denial is appealed student of final eligibility sta	d. Providing						
for state mandates in ord reported actual data or ha the laws of the State of C	ATION: The State of California der for the district to receive rei ave provided a good faith estin California to be true and correct ost accounting purposes only.	mbursement. nate which you of based on yo	Your signatu u "certify (or c our personal	ire on this declare) ui knowledg	form cert nder pena	ifies that Ilty of perj	you hav ury unde	
Employee Signature _	Date							

If you have any questions, please contact \_\_\_\_\_\_, at \_\_\_\_\_\_,

_	_				
E	_	$\neg$	Λ,	•	 7 7
_	-	1	w	- 1	/ - <

PLEASE SUBMIT THIS INFORMATION BY \_\_\_\_\_\_; TO \_\_Suki Chang