SixTen and Associates

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QUICK MEMO

1 Pages this memo
20 Pages attachment

Date: September 8, 2004

To: Nancy Patton
            Commission on State Mandates

From: Keith Petersen

Re: Enrollment Fee Collection and Waiver

Enclosed is a copy of the forms I submitted to about a dozen of my college clients early in August.

Response was poor, even though we offered to come on site and help them complete the data. Therefore, I have no data to provide for purposes of establishing the unit cost rate.

As mentioned previously, if it is possible, it would be better to proceed with actual cost parameters and guidelines and use actual cost claims to establish a uniform cost rate for future years. If that is not possible, you are welcome to use the forms as a resource to prepare your own questionnaire.

FORM	DATA REQUESTED (Fiscal Years 01-02, 02-03, and 03-04 only)
EFCW 1.1	Name of the current administrator and key staff responsible for implementing the mandate
EFCW 1.2	Reimbursable Activities. Information only. A description of the potentially reimbursable activities.
EFCW 1.4	Productive Hourly Rate. For each person for whom time is reported, we need a calculation of the salary and benefits per hour. In the case were you are reporting for a job class, use the mid-range on the pay table.
EFCW 1.6a	Administrative Activities: This form asks you to report the hours per person or job type spent on the described administrative activities. One form for each fiscal year.
EFCW 1.7a	Average time Per Student- Enrollment Fee Collection and cashier functions. This form requests that you determine a good faith estimate of the amount of time (in minutes) per each student for the activities described. The form utilizes general job titles. Please indicate the exact job titles used by your district.
EFCW 1.7b	Average time Per Student- Enrollment Fee Wavier Function. (BOG Waivers, etc.) This form requests that you determine a good faith estimate of the amount of time (in minutes) per each student for the activities described. The form utilizes general job titles. Please indicate the exact job titles used by your district.
EFCW 1.8a	Enrollment Statistics-This form requests enrollment information by semester/quarter.
EFCW 1.8b	Workload Statistics-This form requests accounting statistics.
EFCW 1.8c	Revenue Report-This form requests the dollar amount of fees collected, refunded, waived, etc.
EFCW 1.9	Education Code 76300-Information only.
MRP 1.6a	Mandate Reimbursement Process-This form is used to record the time spent collecting data and preparing all the other forms. Use Code 1.

SixTen and Associates
MANDATE REIMBURSEMENT SERVICES
PROGRAM: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS   EFCW 1.1

DISTRICT: _____

FISCAL YEARS: ~~1998-99*~~   ~~1999-00*~~   ~~2000-01*~~   2001-02*
2002-03   2003-04*
*File claims by xx, 2005

PROGRAM ADMINISTRATOR:

Name: _____

Telephone: _____   Office Location: _____

STAFF SUPPORT:

Name: _____

Telephone: _____   Office Location: _____

Name: _____

Telephone: _____   Office Location: _____

NOTE:

The Commission on State Mandates approved the test claim for this mandate in 2003.   However, the Commission stipulated that the parameters and guidelines will provide for a uniform cost allowance (unit-cost rate) to be developed by the Commission staff.   The test claimant and others will submit a proposed cost questionnaire for use by the Commission in obtaining data from all colleges. These forms have been designed to obtain data for the uni t cost rate. Please provide data for fiscal years 2001-02, 2002-03, and 2003-04. Ignore prior years at this time.

August 2004

SixTen and Associates
MANDATE REIMBURSEMENT SERVICES

PROGRAM: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS **EFCW 1.2**

REIMBURSABLE ACTIVITIES - FROM THE ADOPTED TEST CLAIM

Pursuant to Education Code sections 76300, for eligible community college districts, the following activities are reimbursable:

1. <u>Policies and Procedures</u>

Prepare and update as necessary district policies and procedures for the collection of enrollment fees and the determination of which students are eligible for waiver of the enrollment fee, and for the implementation of the mandate.

2. <u>Enrollment Fee Collection</u>

The entire process of collecting the student enrollment fee, except for nonresident and special part-time students (E.C. 76001). The process may be different for each district, but typically includes:

- Providing written notice to students of the prevailing enrollment fee payment requirements.

- Referencing student accounts and records to determine course workload, status of payments, and eligibility for fee waiver. Printing a list of enrolled courses.

- Calculating the total enrollment fee to be collected. Identifying method of payment. Collecting cash and making change as necessary. Processing credit card and other non-cash payment transactions. Preparing a receipt for payment received.

- Answering student's questions or referring them to the appropriate person for an answer.

- Updating written and computer records for the enrollment fee information and providing a copy to the student. Copying and filing enrollment fee

documentation.

- Collecting delinquent enrollment fees, including written or telephonic collection notices to students, turning accounts over to collection agencies, or small claims court action.

- For students who establish fee waiver eligibility after the enrollment fee has been collected, providing a refund of enrollment fees paid and updating student and district records as required. (Refund process for change in program is not reimbursable).

The cost of this component is subject to an offset of two-percent of the total enrollment fees waived as a credit calculated by the State Chancellor, but, only to the extent that this revenue continues to be received by the district from the state.

3.   <u>Enrollment Fee Waiver</u> (BOG, et al.)   (Beginning July 1999)

The entire process of determining eligibility for enrollment fee waivers as provided for by Education Code section 76300 (subdivision (g, h, i, j, k, and l) The process may be different for each district, but typically includes:

- Providing written notice to students of the prevailing enrollment fee waiver requirements and the forms required to apply for a waiver.

- Receiving of waiver applications 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 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.

- In the case of an incomplete application or incomplete documentation, notify the student of the additional required information and how to obtain that information. Hold student application and documentation in suspense

file until all information is received.

- In the case of an approved application, 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.
- In the case of a denied application, reviewing and evaluating 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.

The cost of this component is subject to an offset calculated by the State Chancellor as seven percent of the total enrollment fees collected prior to FY 1999-2000, and thereafter, $.91 per credit unit of enrollment fee waived, but only to the extent that this revenue continues to be received by the district from the state.

4.   Record Retention

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.

5.   State Reporting

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.

SixTen and Associates
MANDATE REIMBURSEMENT SERVICES

PROGRAM: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS   EFCW 1.4

DISTRICT: _____

EMPLOYEE PRODUCTIVE HOURLY RATE INFORMATION

The purpose of this worksheet is to calculate the productive hourly rate of district staff who implemented the mandate. If you use monthly salary data, divide the amount by 150 hours. If you use annual data, divide the amount by 1800 (for most classified staff) or the actual days/hours worked by certificated staff less vacation, sick leave, and holidays. You can use 21% in lieu of actual benefit costs as a shortcut rate.

PRODUCTIVE HOURS

Total Hours:	8 hrs/day x 5 days/week x 52 weeks/year	=	2,080
Holidays:	8 hrs/day x 11 holidays	=	88
Vacation:	8 hrs/day x 12 days	=	96
Sick Leave, etc	8 hrs/day x 12 days	=	96

280

1,800

EMPLOYMENT TERM	Full Year	11-months	10-months	½ time/mo
PRODUCTIVE HOURS	1,800	1,650	1,500	75
EMPLOYEE TYPE, e.g.	Acct. Clrk	Principal	Teacher	Cafeteria

PRODUCTIVE HOURLY RATE: $\dfrac{\text{Compensation and Benefits}}{\text{Productive Hours}} = \text{PHR}$

SHORTCUT HOURLY RATE: $\dfrac{\text{Compensation} \times 1.21}{\text{Productive Hours}} = \text{PHR}$

Duplicate this form for additional employees:

Employee Name/or Job Class: _____

Title: _____   Location: _____

A. Fiscal Year	B. Annual /Monthly Salary	C. Annual /Monthly Benefits	D. Annual /Monthly Hours	E. Prod. Rate B + C by D
01-02	_____	_____	_____	_____
02-03	_____	_____	_____	_____
03-04	_____	_____	_____	_____

Employee Name/or Job Class: _____

Title: _____   Location: _____

A. Fiscal Year	B. Annual /Monthly Salary	C. Annual /Monthly Benefits	D. Annual /Monthly Hours	E. Prod. Rate B + C by D
01-02	_____	_____	_____	_____
02-03	_____	_____	_____	_____
03-04	_____	_____	_____	_____

Employee Name/or Job Class: _____

Title: _____   Location: _____

A. Fiscal Year	B. Annual /Monthly Salary	C. Annual /Monthly Benefits	D. Annual /Monthly Hours	E. Prod. Rate B + C by D
01-02	_____	_____	_____	_____
02-03	_____	_____	_____	_____
03-04	_____	_____	_____	_____

Mandate Activity AVERAGE Time Summary
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.

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

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 for the collection of enrollment fees and 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.

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.

Code 5   Other-Staff time for other relevant tasks which you describe as:

_____

_____

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 Time Record Sheet for Mandated Programs
308/95 ENROLLMENT FEE COLLECTION AND WAIVER
ADMINISTRATIVE ACTIVITIES

District: _____   Fiscal Year: _____

Please report below the amount of time spent by each of the personnel listed to implement each of the reimbursable activities requested for the mandated program. Provide the employee name, or job title for multiple employees performing the same function.

Reimbursable Activities:

Code 1   Policies and Procedures: Time spent by staff to prepare and update policies and procedures for the collection of enrollment fees and 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.

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.

Code 5   Other-Staff time for other relevant tasks which you must describe.

Staff Implementing the Mandate	Activity Code – Report Actual Time in Hours				
	1	2	3	4	5
Manager					
Supervisor					
Technician					
Clerical					
Other					

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 under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: _____ Date _____

Employee Name: (print) _____   Position or Title _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Revised August 2004

Mandate Activity AVERAGE Time Summary
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 6 Student Account: Average time per student to reference (pull up on the computer) the student account and record which lists student courses, status of payments, and waiver eligibility.

Code 7 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 8 Amounts Receivable/Delinquencies: Average time per student to collect enrollment fees due and/or deliquent (telephone contact, written notices, collection agencies, etc.)

Code 9 Refunds: Average time per student to calculate enrollment fee refund, explain the process, and update student account/record.

Code 10 Other: Average time per student for other relevant tasks which you describe as _____

_____

_____

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. 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.

Mandate Activity AVERAGE Time Summary
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE COLLECTION/CASHIER FUNCTIONS

Please report below the **average** amount of time (unduplicated) spent by each of the personnel listed to implement each of the reimbursable activities requested for the mandated program. Provide the employee name, or job title for multiple employees performing the same function.

District: _____

Circle the FY for which you are responding: ~~98-99~~ ~~99-00~~ ~~00-01~~ 01-02 02-03 03-04

Reimbursable Activities: ENROLLMENT FEE COLLECTION/CASHIER OFFICE FUNCTIONS

Code 6 — Student Account: Average time per student to reference (pull up on the computer) the student account and record which lists student courses, status of payments, and waiver eligibility.

Code 7 — 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 8 — Amounts Receivable/Delinquencies-Average time per student to collect enrollment fees due and/or delinquent (telephone contact, written notices, collection agencies, etc.)

Code 9 — Refunds-Average time per student to calculate enrollment fee refund, explain the process, and update student account/record.

Code 10 — Other -Average time per student for other relevant tasks which you must describe.

Staff Implementing the Mandate	Activity Code - Report Average Time in Minutes				
	6	7	8	9	10
Accounting Manager					
Accounting Supervisor					
Cashier					
Clerical					
Other					

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 under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: _____ Date _____

Employee Name: (print) _____ _____ Position or Title _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Mandate Activity AVERAGE Time Summary
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER 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 WAVIER FUNCTIONS**

Code 11 Eligibility Status: Average time per student to determine (pull up on the computer) the student record to determine current waiver eligibility status.

Code 12 Evaluate the Waiver (e.g. BOGG) Application: Average time per student to review the contents to the application and any required supporting documentation, explain the process to the student, and update the student record/file.

Code 13 Incomplete Applications-Average time per student to perform the tasks to complete the application (record research, telephone contact, office visit, written notices, etc.)

Code 14 Denial Appeals-Average time per student to perform the tasks to process an appeal of a denied application (record research, telephone contact, office visit, written notices, etc.)

Code 15 Other-Average time per student for other relevant tasks which you describe as _____

_____

_____

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. 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.

Mandate Activity AVERAGE Time Summary
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER FUNCTIONS

Please report below the **average** amount of time (unduplicated) spent by each of the personnel listed to implement each of the reimbursable activities requested for the mandated program. Provide the employee name, or job title for multiple employees performing the same function.

District: _____

Circle the FY for which you are responding: ~~98-99~~   ~~99-00~~   ~~00-01~~   01-02   02-03   03-04

Reimbursable Activities: ENROLLMENT FEE WAIVER FUNCTIONS

Code 11   <u>Eligibility Status</u>: Average time per student to determine (pull up on the computer) the student record to determine current waiver eligibility status.

Code 12   <u>Evaluate the Waiver (e.g. BOGG) Application</u>: Average time per student to review the contents to the application and any required supporting documentation, explain the process to the student, and update the student record/file.

Code 13   <u>Incomplete Applications</u>-Average time per student to perform the tasks to complete the application (record research, telephone contact, office visit, written notices, etc.)

Code 14   <u>Denial Appeals</u>-Average time per student to perform the tasks to process an appeal of a denied application (record research, telephone contact, office visit, written notices, etc.)

Code 15   <u>Other</u>-Average time per student for other relevant tasks which you must describe.

Staff Implementing the Mandate	Activity Code - Report Average Time in Minutes				
	11	12	13	14	15
Financial Aid Manager					
Financial Aid Supervisor					
Financial Aid Technician					
Clerical					
Other					

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 under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: _____   Date _____

Employee Name: (print) _____   Position or Title _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Revised August 2004

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
DISTRICT STATISTICS REPORT

District: _____

The state requires the following cost accounting statistics be reported to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS					
	98-9	99-0	00-1	01-2	02-3	03-4
1. Number of students enrolled each fiscal year.						
Summer						
Fall						
Winter						
Spring						
2. Number of students who paid enrollment fees, and/or						
Summer						
Fall						
Winter						
Spring						
3. Number of students exempted from paying enrollment fees (enrollment fee waivers).						
Summer						
Fall						
Winter						
Spring						

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 under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: _____   Date _____

Employee Name: (print) _____   Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____ .

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
WORKLOAD STATISTICS REPORT

District: _____

The state requires the following cost accounting statistics be reported to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS					
	98-9	99-0	00-1	01-2	02-3	03-4
1. Number of enrollment fee accounts receivable requiring collection:	▨	▨	▨			
Summer	▨	▨	▨			
Fall	▨	▨	▨			
Winter	▨	▨	▨			
Spring	▨	▨	▨			
2. Number of enrollment fee refunds processed:	▨	▨	▨			
Summer	▨	▨	▨			
Fall	▨	▨	▨			
Winter	▨	▨	▨			
Spring	▨	▨	▨			
3 Number of student enrollment fee waiver applications initially rejected, whether or not approved or denied later:	▨	▨	▨			
Summer	▨	▨	▨			
Fall	▨	▨	▨			
Winter	▨	▨	▨			
Spring	▨	▨	▨			

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 under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: _____ Date _____

Employee Name: (print) _____ Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____ .

AUG 2004

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS

REVENUE REPORT

District: _____

The state requires the following cost accounting statistics be reported to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS					
	98-9	99-0	00-1	01-2	02-3	03-4
1. Enrollment Fees Collected	$	$	$	$	$	$
2. Enrollment Fees Refunded	$	$	$	$	$	$
3. Net (1-2)	$	$	$	$	$	$
4. Enrollment Fees Waived	$	$	$	$	$	$
5. Number of credit units for which enrollment fee waived.	n/a					

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 under penalty of perjury to be true and correct based on your personal knowledge or information". This information is used for cost accounting purposes only.

Employee Signature: _____   Date _____

Employee Name: (print) _____   Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____ .

SixTen and Associates
MANDATE REIMBURSEMENT SERVICES

PROGRAM: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS   EFCW 1.9

EDUCATION CODE SECTION 76300

(a) The governing board of each community college district shall charge each student a fee pursuant to this section.

(b)(1) The fee prescribed by this section shall be eleven dollars ($11) per unit per semester.

(2) The chancellor shall proportionately adjust the amount of the fee for term lengths based upon a quarter system and also shall proportionately adjust the amount of the fee for summer sessions, intersessions, and other short-term courses. In making these adjustments, the chancellor may round the per unit fee and the per term or per session fee to the nearest dollar.

(c) For the purposes of computing apportionments to community college districts pursuant to Section 84750, the chancellor shall subtract from the total revenue owed to each district, 98 percent of the revenues received by districts from charging a fee pursuant to this section.

(d) The chancellor shall reduce apportionments by up to 10 percent to any district that does not collect the fees prescribed by this section.

(e) The fee requirement does not apply to any of the following:

(1) Students enrolled in the noncredit courses designated by Section 84757.

(2) California State University or University of California students enrolled in remedial classes provided by a community college district on a campus of the University of California or a campus of the California State University, for whom the district claims an attendance apportionment pursuant to an agreement between the district and the California State University or the University of California.

(3) Students enrolled in credit contract education courses pursuant to Section 78021, if the entire cost of the course, including administrative costs, is paid by the public or private agency, corporation, or association with which the district is contracting and if these students are not included in the calculation of the average daily attendance of that district.

(f) The governing board of a community college district may exempt special part-time students admitted pursuant to Section 76001 from the fee requirement.

(g) The fee requirements of this section shall be waived for any student who, at the time of enrollment, is a recipient of benefits under the Aid to Families with Dependent Children program, the Supplemental Security Income/State Supplementary Program, or a general assistance program or has demonstrated financial need in accordance with the methodology set forth in federal law or regulation for determining the expected family contribution of students seeking financial aid. The governing board of a community college district also shall waive the fee requirements of this section for any student who demonstrates eligibility according to income standards established by the board of governors and contained in Section 58620 of Title 5 of the California Code of Regulations.

(h) The fee requirements of this section shall be waived for any student who, at the time of enrollment is a dependent, or surviving spouse who has not remarried, of any member of the California National Guard who, in the line of duty and while in the active service of the state, was killed, died of a disability resulting from an event that occurred while in the active service of the state, or is permanently disabled as a result of an event that occurred while in the active service of the state. "Active service of the state," for the purposes of this subdivision, refers to a member of the California National Guard activated pursuant to Section 146 of the Military and Veterans Code.

(i) The fee requirements of this section shall be waived for any student who is the surviving spouse or the child, natural or adopted, of a deceased person who met all of the requirements of Section

68120.

(j) The fee requirements of this section shall be waived for any student in an undergraduate program, including a student who has previously graduated from another undergraduate or graduate program, who is the dependent of any individual killed in the September 11, 2001, terrorist attacks on the World Trade Center in New York City, the Pentagon building in Washington, DC, or the crash of United Airlines Flight 93 in southwestern Pennsylvania, if he or she meets the financial need requirements set forth in Section 69432.7 for the Cal Grant A Program and either of the following apply:

(1) The dependent was a resident of California on September 11, 2001.

(2) The individual killed in the attacks was a resident of California on September 11, 2001.

(k) A determination of whether a person is a resident of California on September 11, 2001, for purposes of subdivision (j) shall be based on the criteria set forth in Chapter 1 (commencing with Section 68000) of Part 41 for determining nonresident and resident tuition.

(l)(1) "Dependent" for purposes of subdivision (j), is a person who, because of his or her relationship to an individual killed as a result of injuries sustained during the terrorist attacks of September 11, 2001, qualifies for compensation under the federal September 11th Victim Compensation Fund of 2001 (Title IV (commencing with Section 401) of Public Law 107-42).

(2) A dependent who is the surviving spouse of an individual killed in terrorist attacks of September 11, 2001, is entitled to the waivers provided in this section until January 1, 2013.

(3) A dependent who is the surviving child, natural or adopted, of an individual killed in the terrorist attacks of September 11, 2001, is entitled to the waivers under subdivision (j) until that person obtains the age of 30 years.

(4) A dependent of an individual killed in the terrorist attacks of September 11, 2001, who is determined to be eligible by the California Victim Compensation and Government Claims Board, is also entitled to the waivers provided in this section until January 1, 2013.

(m)(1) It is the intent of the Legislature that sufficient funds be provided to support the provision of a fee waiver for every student who demonstrates eligibility pursuant to subdivisions (g) to (j), inclusive.

(2) From funds provided in the annual Budget Act, the board of governors shall allocate to community college districts, pursuant to this subdivision, an amount equal to 2 percent of the fees waived pursuant to subdivisions (g) to (j), inclusive. From funds provided in the annual Budget Act, the board of governors shall allocate to community college districts, pursuant to this subdivision, an amount equal to ninety-one cents ($0.91) per credit unit waived pursuant to subdivisions (g) to (j), inclusive, for determination of financial need and delivery of student financial aid services, on the basis of the number of students for whom fees are waived. Funds allocated to a community college district for determination of financial need and delivery of student financial aid services shall supplement, and shall not supplant, the level of funds allocated for the administration of student financial aid programs during the 1992-93 fiscal year.

(n) The board of governors shall adopt regulations implementing this section.

Employee Time Record Sheet for Mandated Costs
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims
Form Instructions

The purpose of this time record is to collect information on employee time spent working on programs mandated by the state.

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.

REIMBURSABLE ACTIVITIES:

Preparation of the Claim:

Staff time to research, collect, and organize data to be used in the preparation of reimbursement claims for mandated programs. Additionally, staff time or consultant costs to prepare and submit the reimbursement claims.

Training:

Staff time, workshop fees, and travel and lodging expenses incurred to attend mandate reimbursement training. Also, costs of District inservice training programs.

Activity Description

Code 1 Staff time to collect and organize data to be used for claim preparation.

Code 2 Staff time and/or consultant cost to prepare state claims/forms.

Code 3 Staff time (planning, preparation, attendance and presentation) and/or consultant cost for district inservice mandate reimbursement training.

Code 4 Staff time for outside of district mandate reimbursement training, seminar fees, travel and lodging expenses.

Code 5 Staff time to resolve payment disputes with the State Controller's Office.

Code 6 Other - describe fully.

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.

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.

Employee Time Record Sheet for Mandated Costs of
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims

District: _____   Fiscal Year: _____

_____   _____
Employee Name   Exact Position Title

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

Reimbursable Activities: *Annual Reimbursement Claims* only.
   Code 1   Staff time to collect and organize data to be used for claim preparation.
   Code 2   Staff time and/or consultant cost to prepare state claim forms.
   Code 3   Staff time and/or consultant cost for district <u>inservice</u> mandate reimbursement training.
   Code 4   Staff time, seminar fees, travel and lodging expenses for outside of District mandate reimbursement training.
   Code 5   Staff time to resolve payment disputes with the State Controller's Office.
   Code 6   Other - describe fully.

NOTE: Only one code entry per line.

Date:	Activity Code (circle one):	Describe Activity:	Claim worked on:	Time in Hours	Materials Costs & Expenses:
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				

Attach: All documentation available to substantiate reported time and expenses. This can include meeting agendas, seminar agendas, calendar notes, seminar expenses, travel expense and reimbursement, and supplies.

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 under penalty of perjury to be true and correct based on your personal knowledge or information." This information is used for cost accounting.

Employee Signature _____ Date _____

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____ .

Revised April 2003