

SixTen and Associates

Mandate Reimbursement Services

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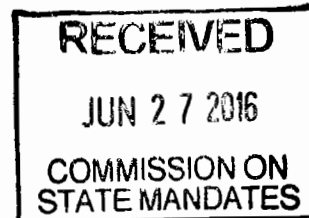
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June 21, 2016

Heather Halsey, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814



RE: **1(2nd Ex.)/84 Enrollment Fee Collection and Waivers**
North Orange County Community College District
Fiscal Years 1998-99 through 2010-11
Incorrect Reduction Claim

Dear Ms. Halsey:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for North Orange County Community College District.

SixTen and Associates has been appointed by the District as its representative for this matter (until June 30, 2016) and all interested parties should direct their inquiries to me, with a copy as follows:

Fred Williams, Vice Chancellor, Finance and Facilities
North Orange County Community College District
1830 W Romneya Drive
Anaheim, CA 92801-1819
Voice: 714-808-4746
Fax: 714-808-4733
E-Mail: fwilliams@nocccd.edu

Sincerely,

A handwritten signature in black ink, appearing to read "Keith B. Petersen". The signature is fluid and cursive.

Keith B. Petersen

Enclosure: Incorrect Reduction Claim

C: Fred Williams, Vice Chancellor, Finance and Facilities
North Orange County Community College District

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1(2nd Ex.)/84 Enrollment Fee Collection and Waivers

2. CLAIMANT INFORMATION

North Orange County Community College District

Fred Williams, Vice Chancellor
Finance and Facilities
1830 W Romneya Drive
Anaheim, CA 92801-1819
Voice: 714-808-4746
Fax: 714-808-4733
E-Mail: fwilliams@nocccd.edu

3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Keith B. Petersen, President
SixTen and Associates
P.O. Box 340430
Sacramento, CA 95834-0430
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Filing Date:	<i>For CSM Use Only</i> RECEIVED JUN 27 2016 COMMISSION ON STATE MANDATES
15-9913-I-02	
IRC #:	

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Education Code Section 76300 and California Code of Regulations, Title 5, sections 58501-58503, 58611-58613, 58620 and 58630

5. AMOUNT OF INCORRECT REDUCTION

Fiscal Year	Amount of Reduction
1998-1999	\$ 786,211
1999-2000	\$ 909,655
2000-2001	\$ 1,075,496
2001-2002	\$ 1,178,055
2002-2003	\$ 1,096,331
2003-2004	\$ 1,070,896
2004-2005	\$ 971,676
2005-2006	\$ 1,346,634
2006-2007	\$ 1,171,883
2007-2008	\$ 2,524,942
2008-2009	\$ 1,796,269
2009-2010	\$ 1,129,335
2010-2011	\$ 898,202
TOTAL:	\$ 15,955,585

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is **not** being filed with the intent to consolidate on behalf of other claimants


Sections 7-12 are attached as follows:

- | | | |
|-----|-----------------------------|-----------------------------|
| 7. | Written Detailed Narrative: | Pages <u>1</u> to <u>35</u> |
| 8. | Final Audit Report: | Exhibit <u>A</u> |
| 9. | SCO Adjustment Letters: | Exhibit <u>B</u> |
| 10. | Parameters & Guidelines: | Exhibit <u>C</u> |
| 11. | Claiming Instructions: | Exhibit <u>D</u> |
| 12. | Reimbursement Claims: | Exhibit <u>E</u> |

13. CLAIM CERTIFICATION

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Fred Williams, Vice Chancellor


Signature

6/8/16
Date

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 P.O. Box 340430
5 Sacramento, California 95834-0430
6 Telephone: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: kbpsixten@aol.com
9

10 BEFORE THE
11 COMMISSION ON STATE MANDATES
12 STATE OF CALIFORNIA

13	INCORRECT REDUCTION CLAIM OF:)	No. CSM _____
14)	
15	)	Statutes of 1984 Chapter 1 (2 nd Ex.)
16	)	Education Code Section 76300 and
17	)	California Code of Regulations, Title 5,
18	)	Sections 58501-58503, 58611-58613,
19	)	58620 and 58630
	NORTH ORANGE COUNTY)	
21	)	<u>Enrollment Fee Collection & Waivers</u>
22	Community College District)	
23	)	Annual Reimbursement Claims:
24	Claimant.)	
25	)	Fiscal Years 1998-99 through 2010-11
26)	

27 INCORRECT REDUCTION CLAIM FILING

28 PART I. AUTHORITY FOR THE CLAIM

29 The Commission on State Mandates has the authority pursuant to Government
30 Code Section 17551(d) " . . . to hear and decide upon a claim by a local agency or
31 school district, filed on or after January 1, 1985, that the Controller has incorrectly
32 reduced payments to the local agency or school district pursuant to paragraph (2) of
33 subdivision (d) of Section 17561." North Orange County Community College District

Incorrect Reduction Claim of North Orange County Community College District
1 (2nd ex.)/84 Enrollment Fee Collections and Waivers

1 (hereafter "District") is a school district as defined in Government Code Section 17519.
2 Title 2, CCR, Section 1185.1, subdivision (a), requires the claimant to file an incorrect
3 reduction claim with the Commission.

4 This incorrect reduction claim is timely filed. Title 2, CCR, Section 1185.1,
5 subdivivison (c), requires incorrect reduction claims to be filed no later than three
6 years following the date of the Controller's notice to the claimant of a reduction in
7 payment for an annual claim. A Controller's audit report dated August 6, 2013, has
8 been issued. See Exhibit "A." A Controller's claim action notice letter dated August 31,
9 2013, has been issued for each annual claim (except FY 2008-09) that constitutes
10 notice of the field audit findings that resulted in a claim payment reduction. See Exhibit
"B." The audit report and claim action letters each and both constitute a final
12 adjudication of the claim and notice of payment reduction.

13 There is no alternative dispute resolution process available from the Controller's
14 office. The audit report states that an incorrect reduction claim should be filed with the
15 Commission if the claimant disagrees with the audit findings.

16 **PART II. SUMMARY OF THE CLAIM**

17 The Controller conducted a field audit of the District's annual reimbursement
18 claims for Fiscal Years 1998-99 through 2010-11 for the costs of complying with the
19 legislatively mandated program Enrollment Fee Collection and Waivers. As a result of
20 the audit, the Controller determined that all of the claimed total costs of \$15,955,585
21 are unallowable:

Incorrect Reduction Claim of North Orange County Community College District
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	Fiscal <u>Year</u>	Amount <u>Claimed</u>	Audit <u>Adjustment</u>	SCO <u>Payments</u>	Amount Due <u><State> District</u>
1	1998-99	\$ 786,211	\$ 786,211	\$ 88,969	\$ <88,969>
2	1999-00	\$ 909,655	\$ 909,655	\$ 0	\$ 0
3	2000-01	\$ 1,075,496	\$ 1,075,496	\$ 0	\$ 0
4	2001-02	\$ 1,178,055	\$ 1,178,055	\$ 0	\$ 0
5	2002-03	\$ 1,096,331	\$ 1,096,331	\$ 0	\$ 0
6	2003-04	\$ 1,070,896	\$ 1,070,896	\$ 0	\$ 0
7	2004-05	\$ 971,676	\$ 971,676	\$ 0	\$ 0
8	2005-06	\$ 1,346,634	\$ 1,346,634	\$ 0	\$ 0
9	2006-07	\$ 1,171,883	\$ 1,171,883	\$ 0	\$ 0
10	2007-08	\$ 2,524,942	\$ 2,524,942	\$ 0	\$ 0
11	2008-09	\$ 1,796,269	\$ 1,796,269	\$ 276,529	\$ <276,529>
12	2009-10	\$ 1,129,335	\$ 1,129,335	\$ 240,334	\$ <240,334>
13	2010-11	\$ 898,202	\$ 898,202	\$ 0	\$ 0
14	Totals	\$15,955,585	\$15,955,585	\$ 605,832	\$ <605,832>

17 The audit report states that \$605,832 is due to the State.

18 PART III. PREVIOUS INCORRECT REDUCTION CLAIMS

19 The District has not filed any previous incorrect reduction claims for this mandate
 20 program. On March 26, 2014, the Gavilan Joint Community College District filed an
 21 incorrect reduction claim (13-9913-I-01) on this mandate program that includes similar
 22 issues.

23 PART IV. BASIS FOR REIMBURSEMENT

24 A. Test Claim

25 The Commission on State Mandates Statement of Decision adopted April 24,
 26 2003, found that the test claim legislation constitutes a new program or higher level of
 27 service for school districts within the meaning of Section 6, Article XIII B of the
 28 California Constitution. (The Statement of Decision is available to the public at the

Incorrect Reduction Claim of North Orange County Community College District
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1 Commission web site.) The Commission determined that the following activities
2 established costs mandated by the state, pursuant to Government Code section 17514,
3 by requiring community college districts to:

- 4 (1) Calculate and collect the student enrollment fee for each student enrolled except
5 for nonresidents and special part-time students.
- 6 (2) Waive student fees in accordance with the groups listed in section 76300,
7 subdivisions (g) and (f).
- 8 (3) Waive fees for students who apply for and are eligible for BOGG fee waivers.
- 9 (4) Report to the Community Colleges Chancellor the number of and amounts
10 provided for BOGG fee waivers.
- 11 (5) Adopt procedures that will document all financial assistance provided on behalf
12 of students pursuant to Chapter 9 of Title 5 of California Code of Regulations.

13 B. Parameters and Guidelines

14 On January 26, 2006, the original parameters and guidelines were adopted.
15 There have been no subsequent amendments. A copy of the parameters and
16 guidelines is attached as Exhibit "C."

17 C. Claiming Instructions

18 The Controller issued the first claiming instructions on April 3, 2006, for use to
19 submit the initial claims for Fiscal Years 1998-99 through 2005-06. The claiming
20 instructions have been annually revised for purposes of subsequent fiscal year filing
21 dates. A copy of these claiming instructions are attached. See Exhibit "D." However,

1 since the Controller's claim forms and instructions have not been adopted as
2 regulations, they have no force of law, and, therefore, have no effect on the outcome of
3 this incorrect reduction claim.

4 PART V. STATE CONTROLLER CLAIM ADJUDICATION

5 The Controller conducted an audit of the District's annual reimbursement claims
6 for Fiscal Years 1998-99 through 2010-11. The audit concluded that the entirety of the
7 District's \$15,955,585 claimed costs are unallowable. A copy of the August 6, 2013
8 audit report is attached as Exhibit "A." A Controller's claim action notice letter dated
9 August 31, 2013, was issued for each annual claim (except FY 2008-09). See Exhibit
10 "B."

11 PART VI. CLAIMANT'S RESPONSE TO THE STATE CONTROLLER

12 By letter dated July 12, 2013, the Controller transmitted a copy of the draft audit
13 report. By letter dated July 23, 2013, the District objected to the proposed adjustments
14 set forth in the draft audit report. A copy of the District's letter of July 23, 2013, is
15 included as an attachment to the final audit report (Exhibit "A") and is incorporated in
16 this claim by reference. The Controller then issued its final audit report on August 6,
17 2013.

18 PART VII. STATEMENT OF THE ISSUES

19 **Audit Standards**

20 The District asserts that the Controller either used the wrong audit standard for
21 the audit or has misrepresented the actual nature and scope of the audit. The audit

Incorrect Reduction Claim of North Orange County Community College District
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1 report (p. 2) states:

2 We conducted this performance audit under the authority of Government Code
3 sections 12410, 17558.5, and 17561. We did not audit the district's financial
4 statements. We conducted the audit in accordance with generally accepted
5 government auditing standards. Those standards require that we plan and
6 perform the audit to obtain sufficient, appropriate evidence to provide a
7 reasonable basis for our findings and conclusions based on our audit objectives.
8 We believe that the evidence obtained provides a reasonable basis for our
9 findings and conclusions based on our audit objectives.

10 Government Code Section 17558.5

11 Government Code Section 17558.5 describes the time to commence and finish
12 an audit and is not an audit content or process standard.

13 Government Code Section 17561

14 Government Code Section 17561 (d), subdivisions (1) and (2), authorize the
15 Controller to audit initial and subsequent annual reimbursement claims and to "(r)educe
16 any claim that the Controller determines is excessive or unreasonable." This is a
17 distinct scope statement. Adjustments based on lack of documentation are not
18 adjustments based on excessive or unreasonable costs.

19 Government Code Section 12410

20 Government Code Section 12410 states: "The Controller shall audit all claims
21 against the state, and may audit the disbursement of any state money, for correctness,
22 legality, and for sufficient provisions of law for payment." However, Section 12410 is
23 found in the part of the Government Code that provides a general description of the
24 duties of the Controller and dates back to 1945. It is not specific to the audit of
25 mandate reimbursement claims. The only applicable audit standard for mandate

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1 reimbursement claims is found in Government Code Section 17561(d). The fact that
2 Section 17561(d) specifies its own audit standard (excessive or unreasonable) implies
3 that the general Controller audit standard (correctness, legality, and sufficient provisions
4 of law) does not apply here, it is the case of more specific language circumscribing the
5 general language. Therefore, the Controller may only reduce a mandate reimbursement
6 claim if it specifically finds that the amounts claimed are unreasonable or excessive
7 under Section 17561(d).

8 Further, the Controller has not asserted or demonstrated that, if Section 12410
9 was the applicable standard, the audit adjustments were made in accordance with this
10 standard. There is no allegation in the audit report that the annual claims were in any
11 way illegal. The phrase "sufficient provisions of law for payment" refers to the
12 requirement that there be adequate appropriations prior to the disbursement of any
13 funds. There is no indication that any funds were disbursed for these claims without
14 sufficient appropriations. Thus, even if the standards of Section 12410 were applicable
15 to mandate reimbursement audits, the Controller has failed to put forth any evidence
16 that these standards are not met or even relevant. There is no indication that the
17 Controller is actually relying on the audit standards set forth in Section 12410 for the
18 adjustments to the District's reimbursement claims.

19 Generally Accepted Government Auditing Standards

20 The Generally Accepted Government Auditing Standards (GAGAS), commonly

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1 referred to as the "Yellow Book,"¹ is for use by auditors of government entities, entities
2 that receive government awards, and other audit organizations performing Yellow Book
3 audits. These standards apply when required by law, regulation, agreement, contract,
4 or policy. The audit report does not cite any law or agreement or policy that makes the
5 Yellow Book applicable to audits of state mandated costs.

6 Regardless, the audit report states that the audit was a "performance audit." The
7 Yellow Book standards for performance audits are:

8 2.6 A performance audit is an objective and systematic examination of
9 evidence for the purpose of providing an independent assessment of the
10 performance of a government organization, program, activity, or function in order
11 to provide information to improve public accountability and facilitate decision-
12 making by parties with responsibility to oversee or initiate corrective action.

13 2.7 Performance audits include economy and efficiency and program audits.
14 a. Economy and efficiency audits include determining (1) whether the entity
15 is acquiring, protecting, and using its resources (such as personnel,
16 property, and space) economically and efficiently, (2) the causes of
17 inefficiencies or uneconomical practices, and (3) whether the entity has
18 complied with laws and regulations on matters of economy and efficiency.
19 b. Program audits include determining (1) the extent to which the desired
20 results or benefits established by the legislature or other authorizing body
21 are being achieved, (2) the effectiveness of organizations, programs,
22 activities, or functions, and (3) whether the entity has complied with
23 significant laws and regulations applicable to the program.

¹ Generally Accepted Government Auditing Standards

The Generally Accepted Government Auditing Standards (GAGAS), commonly referred to as the "Yellow Book," are published by the United States Government Accountability Office (GAO): <http://www.gao.gov/govaud/ybook.pdf>.

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1 The results of the 24 Enrollment Fee Collection and Waivers audits² published to
2 date range from a 18% to 100% disallowance of costs:

	Date	Audited cost
	<u>Issued</u>	<u>Disallowed</u>
5 Palo Verde Community College District	12/02/2010	87%
6 Contra Costa Community College District	03/16/2011	19%
7 Gavilan Joint Community College District	04/08/2011	98%
8 *Santa Monica Community College District	10/04/2012	37%
9 Los Angeles Community College District	10/16/2012	78%
10 Coast Community College District	12/13/2012	91%
11 College of the Sequoias Community College District	01/29/2013	46%
12 Mira Costa Community College District	03/29/2013	50%
13 Mount San Antonio Community College District	03/29/2013	78%
14 Palomar Community College District	04/22/2013	99%
15 San Luis Obispo Community College District	05/03/2013	79%
16 Merced Community College District	05/08/2013	64%
17 Lake Tahoe Community College District	06/07/2013	18%
18 North Orange Community College District	08/06/2013	100%
19 Los Rios Community College District	03/14/2014	99%
20 Cerritos Community College District	03/28/2014	97%
21 Kern Community College District	06/10/2014	99%
22 San Bernardino Community College District	11/12/2014	99%
23 Southwestern Community College District	02/17/2015	99%
24 Sierra Joint Community College District	03/12/2015	91%
25 Citrus Community College District	03/13/2015	100%
26 San Mateo County Community College District	05/29/2015	96%
27 Yosemite Community College District	11/04/2015	93%
28 Foothill-De Anza Community College District	11/06/2015	99%

29 These audit reports made no findings based on the above performance criteria.

30 Rather, documentation audits were conducted.

² These audits reports are located at the Controller's web site:
http://www.sco.ca.gov/aud_mancost_commcolleges_costrpt.html

1 **Documentation Standards**

2 The audit inconsistently applied the documentation standards stated in the
3 parameters and guidelines:

4 **IV. REIMBURSABLE ACTIVITIES**

5 To be eligible for mandated cost reimbursement for any fiscal year, only actual
6 costs may be claimed. Actual costs are those costs actually incurred to
7 implement the mandated activities. Actual costs must be traceable and
8 supported by source documents that show the validity of such costs, when they
9 were incurred, and their relationship to the reimbursable activities. A source
10 document is a document created at or near the same time the actual cost was
11 incurred for the event or activity in question. Source documents may include, but
12 are not limited to, employee time records, time logs, sign-in sheets, invoices, and
13 receipts.

14 Evidence corroborating the source documents may include, but is not limited to,
15 worksheets, cost allocation reports (system generated), purchase orders,
16 contracts, agendas, and declarations. Declarations must include a certification or
17 declaration stating, "I certify (or declare) under penalty of perjury under the laws
18 of the State of California that the foregoing is true and correct," and must further
19 comply with the requirements of Code of Civil Procedure section 2015.5.

20 Evidence corroborating the source documents may include data relevant to the
21 reimbursable activities otherwise in compliance with local, state, and federal
22 government requirements. However, corroborating documents cannot be
23 substituted for source documents.

24 The findings instead relied upon post facto anecdotal information. The majority of the
25 direct costs claimed each year is the staff time spent to implement the mandated
26 activities. Most of this time is disallowed by the audit. The audit report (p. 27)
27 essentially asserts that the provided source documents are inappropriately or
28 insufficiently documented:

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1 As a result, *all* costs were unallowable as claimed because, by substituting
2 corroborating documents for source documents, they were not supported in
3 compliance with the documentation requirements stipulated in Section IV of the
4 parameters and guidelines.
5

6 It should be remembered that the parameters and guidelines were adopted and
7 the first claiming instructions were issued seven years after the first fiscal year in the
8 audit period. Thus, claimants were not on notice of the activities approved for
9 reimbursement that should be documented until the eighth year of the eligibility period.

10 The audit report response (p. 29) to this lack of notice is incredible:

11 While the district is correct that the parameters and guidelines were adopted
12 seven years after the first fiscal year of the audit period for which costs could be
13 claimed, that issue is irrelevant for the purposes of providing actual cost
14 documentation. The district could have developed actual cost documentation
15 and/or performed a time study of activities actually being performed to support its
16 claims. However, the district did not do this for *any* fiscal year of the audit period
17 and opted to base claimed costs on estimates of reimbursable activities. As a
18 result, the district's claims were never in compliance with the parameters and
19 guidelines at any time during the audit period regarding source documentation.
20 The district even acknowledges in its response that its claims were based on
21 "good faith estimates," some of which were determined to be unreasonable and
22 excessive, as noted previously.

23 How could any district "develop actual cost documentaton" or perform a time study
24 when the scope of reimbursable activities has not been published by the State? It
25 would seem patently unreasonable to require contemporaneous documentation of daily
26 staff time for the retroactive initial fiscal years. While some historic staff time can be
27 reconstructed from calendars and desk diaries, other staff time cannot and must be
28 reported as a good-faith estimate where the desired information is not maintained in the
29 regular course of business. While the District agrees with the audit report

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1 recommendation that claimants maintain records that document actual time spent on
2 mandate related activities, it would be a more realistic standard when the districts know
3 what documentation is needed.

4 None of the governmental entities that establish the financial accounting
5 standards and reporting requirements that community college districts are otherwise
6 subject to publish any standards or reporting requirements for state mandate cost
7 accounting. Nor does the Controller, whose particular responsibility has been the
8 payment and audit of the mandate annual claims for more than thirty years, publish
9 timekeeping or cost accounting forms for use by claimants to record staff time spent on
10 mandates. In the absence of governmental standards, claimants must retroactively rely
11 upon documentation produced in the regular course of business, as well as additional
12 forms designed usually by mandate consultants, for the collection of staff mandate time
13 not otherwise available from regular business records. Uniform compliance would be
14 more likely if the Controller published forms for this purpose, as the Controller has done
15 for other programs within the Controller's payment and audit jurisdiction.

16 This District utilized forms prepared by its consultant to document staff time
17 spent on the mandates. These forms are in the nature of certified declarations of time
18 logs that are within the scope of the parameters and guidelines documentation
19 standards. Where these forms or other documentation was apparently sufficient, the
20 auditor made qualitative judgments regarding the scope of activities as to whether they
21 were related to the mandate program. Where it was not, the auditor disallowed the

Incorrect Reduction Claim of North Orange County Community College District
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1 claimed costs for insufficient documentation. In some cases, average staff time per
2 activity was disallowed. The average times for other activities reported on the same or
3 other similar forms were accepted, thus validating the concept of using average times
4 as an acceptable method for the calculation of the mandate costs. Where the District's
5 reported time and workload statistics were accepted by the auditor for some activities,
6 the Controller is validating the District's good faith method and the mandate
7 consultant's forms as an acceptable method for estimating average time. The different
8 treatment of similar supporting documentation appears to be the result of anecdotal
9 information gained from post facto interviews with some of the District staff. The audit
10 report states that the Controller relies on the documentation requirements stated in the
11 parameters and guidelines. However, the Controller's inconsistent treatment of similar
12 District documentation makes that reliance seem capricious and not credible.

13 **Underground Rulemaking**

14 The District asserts that the audit used methods and data that constitute
15 standards of general application without appropriate state agency rulemaking and is
16 therefore unenforceable (Government Code Section 11340.5).

17 1. Average Time Increments

18 For Finding 1, enrollment fee collection ongoing costs, for certain activities, the
19 audit adjustment for the allowable "time increment" is based on the Controller's
20 "observation" method (p. 17):

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1 As the mandated activities took place at the district during the audit period, we
2 assessed whether or not the time estimates cited by district staff for FY 1998-99
3 through FY 2010-11 were reasonable. We held discussions with various district
4 representatives in order to determine the procedures that district staff followed to
5 perform the reimbursable activities. We observed district staff in the Admissions
6 and Records Office and in the Bursar's Office that collects enrollment fees from
7 students and documented the average time increments spent by district staff to
8 perform these activities based on our observations.

9 For Finding 3, enrollment fee waiver ongoing costs, for certain activities, the audit
10 adjustment for the allowable "time increment" is based on the Controller's "observation"
11 method (p. 34):

12 As the mandated activities took place at the district during the audit, we
13 assessed whether or not the time estimates cited by district staff for FY 1999-
14 2000 through FY 2010-11 were reasonable. We held discussions with various
15 district representatives in order to determine the procedures that district staff
16 followed to perform the reimbursable activities. We observed district staff in the
17 Financial Aid Office that processes students' BOGG fee waiver applications. We
18 documented the average time increments spent by district staff to perform these
19 activities based on our observations.

20 Essentially, the auditor used a stopwatch to record the time required to complete certain
21 transactions and divided the aggregate time by the number of transactions observed.
22 The method does not meet the requirements of the Controller's published guidelines for
23 time studies:³

³ The Controller's time study standards are published at the Controller's
web site:

http://www.sco.ca.gov/Files-ARD-Local/mancost_timestudyguidelines.pdf

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1 Time period(s) to be studied - the plan must show that all time periods selected
2 are representative of the fiscal year and that the results can be reasonably
3 projected to approximate actual costs.

4 The audit report does not establish that the few days of observation are representative
5 of the entire fiscal year.

6 Time studies must:

- 7 - Be supported by time records that are completed contemporaneously;
- 8 - Report activity on a daily basis;
- 9 - Be sufficiently detailed to reflect all mandated activities and/or programs
10 performed during a specific time period; and
- 11 - Coincide with one or more pay periods.

12 The few days of observation did not span one or more payroll periods, nor report
13 activities on a daily basis, and only a portion of the mandated activities were observed.

14 **TIME STUDY RESULTS**

15 When projecting time study results, the claimant must certify that no significant
16 changes have occurred between years in either (1) the requirements of each
17 mandated program activity; or (2) the processes and procedures used to
18 accomplish the activity. For all years, the claimant must maintain documentation
19 that shows that the mandated activity was actually performed. Time study results
20 used to support claims are subject to the record-keeping requirements for those
21 claims.

22 The audit report does not establish that the current period activities observed for a few
23 days are representative of the entire 13-year audit period.

24 This stopwatch method has been used for the other audits of the mandate
25 program. The Controller's use of this method for audit purposes is a standard of
26 general application without appropriate state agency rulemaking and is therefore
27 unenforceable (Government Code Section 11340.5). The method is not an exempt

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1 audit guideline (Government Code Section 11340.9(e)). State agencies are prohibited
2 from enforcing underground regulations. If a state agency issues, enforces, or attempts
3 to enforce a rule without following the Administrative Procedure Act, when it is required
4 to, the rule is called an "underground regulation." Further, the audit adjustment is a
5 financial penalty against the District, and since the adjustment is based on an
6 underground regulation, the method cannot be used for the audit adjustment
7 (Government Code Section 11425.50)

8 2. Workload Multiplier

9 For Finding 1, enrollment fee collection ongoing costs, for certain activities, the
10 audit adjustment for the allowable workload multiplier (number of allowed enrollment
11 collection transactions) is based on the Controller's use of the Community College
12 Chancellor's office data (p. 18, 19):

13 We updated the district's calculations of eligible students for Activities 1 and 3
14 based on the number of students enrolled as reported to the CCCC, less non-
15 resident students and special admit students. The CCCC's management
16 information system (MIS) identifies enrollment information based on student data
17 that the district reported. The CCCC identifies the district's enrollment based on
18 CCCC's MIS data element STD 7, codes A through G. The CCCC eliminates
19 any duplicate students by term based on their Social Security number.

20 We also updated the district's calculations of eligible students for Activities 2 and
21 4 by deducting the number of BOGG recipients from reimbursable student
22 enrollment confirmed by the CCCC. The CCCC identifies the unduplicated
23 number of BOGG recipients by term based on MIS data element SF21 and all
24 codes with the first letter of B or F. In addition, we added the number of refunds
25 claimed for students who paid their enrollment fees and were subsequently
26 granted a BOGG fee waiver and deducted students who paid their enrollment
27 through the district's online system.

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1 For Finding 3, enrollment fee waiver ongoing costs, for certain activities, the audit
2 adjustment for the allowable workload multiplier (number of allowed fee wavier
3 transactions) is based on the Controller's use of the Chancellor's office data (p. 39):

4 For Activities 7, 8, 9, and 10, we applied the time required to perform the
5 reimbursable activities by the number of students who received BOGG fee
6 waivers, according to statistics provided by the CCCCCO. Using data that the
7 district reported, the CCCCCO identified the unduplicated number of BOGG
8 recipients by term based on MIS data element SF21 and all codes with the first
9 letter of B or F. For Activities 7 through 10, we adjusted the CCCCCO information
10 by including students whose fee waiver applications were incomplete at the end
11 of the year.

12 Essentially, the auditor simply substitutes the Chancellor's statistics rather than
13 validating the claimed statistics. This singular choice of data sources has been used for
14 the other audits of the mandate program. The Controller's use of this method for audit
15 purposes is a standard of general application without appropriate state agency
16 rulemaking and is therefore unenforceable (Government Code Section 11340.5). The
17 method is not an exempt audit guideline (Government Code Section 11340.9(e)), and
18 results in a financial penalty against the District. Since the adjustment is based on an
19 underground regulation, the formula cannot be used for the audit adjustment
20 (Government Code Section 11425.50)

21 3. Weighted Productive Hourly Rates (PHR)

22 For most of the claimed ongoing activities, the District used an average
23 productive hourly rate where more than one job-title with different PHR rates performed
24 the same activity. Supervisors and clerical staff time was weighted the same. Instead,

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1 based on discussion with staff during the observations, the audit report assigned
2 percentage weights for the relative participation of different job types for the activities.

3 For Finding 1, enrollment fee collection ongoing costs, for activities 1 through 6
4 (p. 53):

5 Therefore, we calculated weighted average rates based on the supporting
6 documentation for the productive hourly rates used in the district's claims. We
7 recalculated average productive hourly rates separately for the Admissions and
8 Records Office and in the Bursar's Office staff and for the Financial Aid Office
9 staff, basing our recalculations on the actual employee classifications involved in
10 performing the reimbursable activities within each department and their level of
11 effort. The level of effort spent by the various employee classifications was
12 based on our discussions with district staff concerning procedures in place to
13 conduct the reimbursable activities along with our observations of district staff
14 performing the reimbursable activities.

15 For Finding 3, enrollment fee waiver ongoing costs, for activities 7 through 12, the same
16 percentage allocations were used, perhaps as a matter of convenience, (p. 55).

17 The audit report, (p. 54) chastises the District for not rebutting these weighted
18 percentage allocations:

19 We provided the district with our analysis and attempted to engage in a dialogue
20 with them in an effort to advise us of any issues involving the weight of
21 involvement percentages that we calculated, in addition to any variances in the
22 level of effort for the different colleges in the district and/or the different years
23 during the audit period. However, the district declined to comment on our
24 analysis or provide any additional information.

25 The District declined since there is no requirement in the parameters and guidelines to
26 use weighted productive hourly rates and no factual basis to do so was provided by the
27 auditor. The audit report states (p.57, 58) that the District did not comply with the
28 parameters and guidelines:

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1 The parameters and guidelines (Section V.A.1 – Claim Preparation and
2 Submission – Salaries and Benefits) states that claimants must

3
4 Report each employee implementing the reimbursable activities by name,
5 job classification, and productive hourly rate (total wages and related
6 benefits divided by productive hours). Describe the reimbursable activities
7 performed and the hours devoted to each reimbursable activity performed.

8 To comply with this requirement, the district must provide information for “each
9 employee implementing the reimbursable activities.” However, the district did not
10 provide total wages and benefits and productive hours information for all of the
11 employees who performed the reimbursable activities.

12 Furthermore, the district did not “describe the reimbursable activities performed
13 by each employee or the number of hours devoted to each reimbursable activity
14 performed.” Instead, the district calculated straight average productive hourly
15 rates for “Enrollment Office Staff” and “Financial Aid Office Staff,” multiplied
16 those rates by the time increments estimated by district staff for each
17 reimbursable activity, and multiplied the total by the number of transactions with
18 students (multiplier).

19 The requirement in the parameters and guidelines to describe “the hours
20 devoted to each reimbursable activity” recognizes that employees do not perform
21 the reimbursable activities equally. Accordingly, this methodology to claim costs
22 takes into account the weight of involvement in the reimbursable activities by
23 various employee classifications. The Controller’s claiming instructions also
24 recognizes the weight of involvement of employees in its guidance for computing
25 average productive hourly rates.

26 Instead, the district used a straight average methodology, as if all “Enrollment
27 Office Staff” and “Financial Aid Office Staff” performed the reimbursable
28 activities to the same extent. That is not a reasonable conclusion, which is why
29 we made adjustments to the district’s average productive hourly rate
30 calculations.

31 This is another example of where the Controller staff discards claimant data as failing to
32 meet the requirements of the parameters and guidelines and claiming instructions, and
33 substitutes their own findings without complying with those guidelines and instructions.

34 The auditor report does not: “report each employee implementing the reimbursable

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1 activities by name, job classification, and productive hourly rate (total wages and related
2 benefits divided by productive hours)” or, “describe the reimbursable activities
3 performed and the hours devoted to each reimbursable activity performed.” Nor is it
4 cited where the claiming instructions “recognizes the weight of involvement of
5 employees in its guidance for computing average productive hourly rates.”

6 This choice of using weighted averages, with or without a factual basis, has been
7 used for other audits of the mandate program. The Controller’s use of this method for
8 audit purposes is a standard of general application without appropriate state agency
9 rulemaking and is therefore unenforceable (Government Code Section 11340.5). The
10 method is not an exempt audit guideline (Government Code Section 11340.9(e)) and
11 results in a financial penalty against the District. Since the adjustment is based on an
12 underground regulation, the formula cannot be used for the audit adjustment
13 (Government Code Section 11425.50)

14 **Finding 1 - Enrollment Fee Collection: Calculating and Collecting Enrollment**
15 **Fees cost component - unallowable ongoing costs**

16 The audit report states that the District claimed \$10,560,754 in salaries and
17 benefits for the staff time to calculate and collect enrollment fees, of which \$873,378 is
18 allowable and \$9,687,376 is unallowable. The costs are disallowed for several reasons
19 because the audit:

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- 1 - rejects the District calculation of the average staff time required to perform the
- 2 reimbursable Activities 1-4 and substitutes the auditor's "stopwatch" time
- 3 observation;
- 4 - rejects the enrollment data reported by the District as the workload multipliers for
- 5 Activities 1-4 and substitutes the enrollment data the auditor obtained from the
- 6 California Community College Chancellor's Office (CCCCO);
- 7 - removes from the workload calculation for Activities 2 and 4 the number of
- 8 students who paid their enrollment fees online rather than in person: and,
- 9 - adjusts the average staff salary and benefit amounts used to calculate the
- 10 productive hourly rates for all Activities.

11 A. Average activity time

12 Using certification forms developed by the District's mandated cost consultant
13 District staff who implemented the mandate responded to seven time surveys
14 conducted over the 13-year audit period. Each person estimated their average
15 individual times required to perform each of the six reimbursable activities. These
16 individual averages were then combined and averaged for each activity. The audit
17 concludes that these good faith estimates are not acceptable source documentation of
18 "actual costs" and rejects the time estimates for Activities 1 through 4, but accepted
19 those estimates for Activities 5 and 6 even though the same forms and time survey
20 method was used.

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1 For Activities 1 through 4, collecting the enrollment fee, the District claimed
2 average times per student transaction of 15.5 to 27.9 minutes over the 13 years. The
3 audited total of the average times for the four activities is 2.76 minutes for the entire
4 audit period. The audit "time study" for the four activities is based on observing and
5 timing some of the enrollment fee collection process in the Admissions and Records
6 and Bursar's Office. The District has already asserted above that the Controller's use
7 of the stopwatch observation method and choice of workload multipliers are standards
8 of general application not permitted by Government Code Section 11340.5, and does
9 not meet the Controller's own standards for a "time study."

10 The auditor observed 178 transactions, of which 78 involved payment of
11 enrollment fees. This 82% to 91% reduction in time allowed for in-person transactions is
12 the first and largest source of the cost reduction. However, the auditor's observation
13 sample size is statistically meaningless. The audited net enrollment transactions are
14 1,043,307 over the 13-year period, of which 178 student transactions were observed in
15 FY 2011-12. The audit report does not state that the collection procedures observed
16 necessarily matched the entire scope of the parameters and guidelines and these
17 procedures may have changed over the years. For these and many other reasons the
18 auditor's observation process does not constitute a representative "time study" sample.

19 For Activity 5, collecting delinquent fees, using the same certification forms,
20 District staff reported time allowances per student account of 5.5 minutes for FY 2001-
21 02 through FY 2005-06, 6.10 minutes for FY 2006-07 and FY 2007-08, 7.10 minutes

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1 for FY 2008-09, 7.80 minutes per for FY 2009-10, and 6.90 minutes per student
2 account for FY 2010-11 to collect delinquent enrollment fees in the Admissions and
3 Records Office and in the Bursar's Office. The auditor did not observe this activity
4 being performed during the observations, but determined that, based on the procedures
5 in place and the information gathered from discussions with staff representatives, the
6 time claimed appears reasonable.

7 For Activity 6, providing a refund when fee waiver eligibility is established after
8 enrollment fee collection, using the same certification forms District staff reported
9 average time allowances per refund transaction of 5.4 minutes for FY 2001-02 through
10 FY 2005-06, 4.4 minutes for FY 2006-07, 6.4 minutes for FY 2007-08, 4.9 minutes for
11 FY 2008-09, 4.7 minutes for FY 2009-10, and 4.10 minutes for FY 2010-11. The
12 auditor did not observe this activity being performed during the observations, but
13 determined, based on the procedures in place and the information gathered from
14 discussions with staff representatives, that the time claimed appears reasonable.

15 B. Workload multipliers

16 For Activities 1 through 4, collecting the enrollment fee, the combined average
17 staff time for each activity is multiplied by a specific enrollment statistic to determine the
18 claimable staff time. Both the District and the auditor used this method. The audit
19 report rejects the MIS enrollment data reported by the District and substitutes modified
20 MIS enrollment data the auditor obtained from the Chancellor's Office. The audited
21 workload multipliers remove the number of duplicated students, nonresident students,

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1 and special admit students. The District has already asserted above that the
2 Controller's uniform use of this source is a standard of general application not permitted
3 by Government Code Section 11340.5.

4 **ONLINE TRANSACTIONS:** The claimed workload multipliers treated all enrollment fee
5 collection transactions as an "in-person" transaction at the cashier's office. For
6 purposes of the audit, these statistics are reduced for the percentage of online
7 enrollment fee collections. This is the second major source of cost reduction. The
8 District could not provide the auditor a breakdown of the enrollment fees paid in person,
9 online, or via phone for FY 1998-99 to FY 2000-01, as the data was unavailable prior to
10 the implementation of the District's Banner software system in FY 2001-02. The audit
11 accepted that 75% is a reasonable percentage of fees that may have been paid in
12 person during those years, as this was the percentage that the District was able to
13 support for FY 2001-02. The District was able to provide a breakdown of the enrollment
14 fees paid using the District's online system and in person from FY 2002-03 through FY
15 2010-11, which was accepted by the auditor. Based on these percentages for all
16 years, the auditor divided the fees paid in person by the total fees paid, and applied the
17 percentage to the net enrollment number (the number of students enrolled less non-
18 resident students, special admit students and BOGG fee waiver recipients) to
19 determine the number of enrollment fees paid in person, and included the number of
20 refunds claimed for students who paid their enrollment fees and were subsequently
21 granted a BOGG fee waiver.

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1 ONLINE REPLACEMENT COSTS: The District does not dispute a plausible reduction
2 of the multiplier by the number of online transactions, however, this is just half of the
3 adjustment. The audit findings do not replace the previously claimed staff time lost
4 from these eliminated in-person transactions with the costs to operate the online
5 payment collections. Thus, no costs are recognized by the audit for the online
6 transactions. The audit report (p. 28, 29) states that providing the second half of the
7 adjustment is “not SCO’s responsibility.” To the contrary, the reduction in the workload
8 multiplier for online transactions was initiated by the audit, not the District, and thus the
9 Controller has the burden of going forward on this issue.

10 For Activity 5, collecting delinquent enrollment fees, the auditor accepted the
number of delinquent fees processed based on the District source data.

12 For Activity 6, providing a refund for students who establish fee waiver eligibility
13 after the enrollment fee has been collected, the auditor accepted the number of
14 refunds based on the District source data.

15 C. Productive hourly rates

16 The salary and benefits productive hourly rates are multiplied by the product of
17 the average staff time per activity and relevant workload multiplier. The audit concludes
18 that the District overstated the productive hourly rates because the District did not
19 weight the average rates for each activity. This is discussed at Finding 6.

20 **Finding 2 - Enrollment Fee Waivers: Adopting Procedure, Recording Maintaining**
21 **Records cost component - unallowable ongoing costs**

1 This finding is not appealed.

2 **Finding 3 - Enrollment Fee Waivers: Waiving Student Fees cost component -**
3 **unallowable ongoing costs**

4 The audit report states that the District claimed \$4,285,990 in salaries and
5 benefits for the staff cost of approving or denying BOGG enrollment fee waivers, of
6 which \$236,628 is allowable and \$4,049,362 is unallowable. This cost component is
7 calculated in the same manner as the Enrollment Fee Collection cost component and
8 the costs are disallowed for the same reasons.

9 A. Average activity time

10 As was the case for Finding 1, using certification forms developed by the
11 District's mandated cost consultant, staff who implemented the mandate responded to
12 seven time surveys conducted over the 12-year audit period. Each person estimated
13 their average individual times required to perform each of the six reimbursable
14 activities. These individual averages were then combined and averaged for each
15 activity yielding claimed average times for the six activities ranging from 16.7 to 67.5
16 minutes over the audit period. The audit concludes that these good faith estimates are
17 not acceptable source documentation of actual costs and rejects the time estimates for
18 all six activities.

19 For Activities 7 through 11, processing the fee waiver application, the claimed
20 total average times for the five activities ranged from 16.70 to 59.1 minutes over the
21 audit period. The audited total of the average times for the five activities totals 2.60

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1 minutes over the audit period, thus resulting in an 84.4% to 95.6% reduction. This is a
2 major source of the cost adjustment. The District has already asserted above that the
3 Controller's use of the stopwatch observation method and choice of workload multipliers
4 are standards of general application not permitted by Government Code Section
5 11340.5, and does not meet the Controller's own standards for a "time study."

6 The audit "time study" for the first five activities is based on observing some of
7 the enrollment fee waiver process in the Financial Aid Office. The auditor observed 225
8 transactions in FY 2011-12. By comparison, the audited number of enrollment fee
9 waiver transactions is 267,412 for the audit period. The observation sample is
10 statistically meaningless. This is one of many reasons why the auditor's observation
11 process does not constitute a representative "time study" sample. The District claimed
12 a total of 137,705.40 hours for activities 7 through 11 for the audit period, of which the
13 audit findings state 11,493.09 are allowable, resulting in a 91.7 % decrease. Taking
14 into account the audited number of enrollment fee waiver transactions of 267,412, the
15 results are a drop from the average of 32.9 minutes claimed to an unlikely average of
16 2.6 minutes per transaction for staff to complete all five activities.

17 For Activity 12, appealing a denied fee waiver application, the District claimed a
18 total of 2,124.62 hours for the audit period, amounting to \$58,997. This amount was
19 disallowed in its entirety by the audit because (p. 39) "the district does not have any
20 process in place to review denied BOGG fee waiver applications." Yet, the District did
21 claim average times of 5.5 to 14.3 minutes for 10,937 appeals of denied BOGG fee

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1 waiver applications for four years of the audit period. The auditor was unable to
2 observe this process during the two weeks of fieldwork because no formal appeals
3 were received. Without this observation, the audit report defaults to total disallowance
4 of this activity based on lack of documentation. There is no requirement in the
5 parameters and guidelines for a written or formal appeal process. The District reported
6 more than 10,000 appeals for the audit period which is an amount sufficient for staff to
7 generate an opinion of the average time it takes to resolve the waiver eligibility issues.

8 B. Workload multipliers

9 For Activities 7 through 11, processing the fee wavier application, the combined
10 average staff time for each activity is multiplied by a specific waiver application or
11 enrollment statistic to determine the claimable staff time. Both the District and the
12 auditor used this method. The audit report rejects the statistics reported by the District
13 and substitutes modified MIS wavier and enrollment data the auditor obtained from the
14 Chancellor's Office. For Activities 7 through 11, the audit used the number of students
15 who received BOGG fee waivers, according to statistics provided by the Chancellor's
16 office (the unduplicated number of BOGG recipients by term based on MIS data
17 element SF21 and all codes with the first letter of B or F). For Activities 7 through 10,
18 the audit adjusted the Chancellor's information by including students whose fee waiver
19 applications were incomplete at the end of the year. For Activity 10 (incomplete BOGG
20 fee waiver applications), the audit included the number of students who received BOGG
21 fee waivers, according to statistics provided by the Chancellor. There is no apparent

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1 reduction of these statistics for online transactions. The District has already asserted
2 above that the Controller's uniform use of this source is a standard of general
3 application not permitted by Government Code Section 11340.5.

4 For Activity 12, appealing a denied fee waiver application, there is no audited
5 workload multiplier because the auditor concluded that there was no appeal process.

6 C. Productive hourly rates

7 The salary and benefits productive hourly rates are multiplied by the product of
8 the average staff time per activity and relevant workload multiplier. The audit concludes
9 that the District overstated the productive hourly rates because the District did not
10 weight the average rates for each activity. This is discussed at Finding 6.

Finding 4 - Unallowable indirect costs

12 This finding is not appealed.

Finding 5 - Misstated offsetting reimbursements

14 The District claimed funding totaling \$1,152,929 for the enrollment fee collection
15 and \$3,266,094 for the enrollment fee waivers processes. The audit determined that
16 offsetting reimbursements were misstated by \$50,021 for enrollment fee collection and
17 overstated by \$2,891,301 for enrollment fee waivers, because the District did not report
18 the audited amounts that are somehow "confirmed" by the Chancellor's Office data. If
19 the offsetting revenues were "misstated" it is because the District amounts did not
20 always match the same revenue amounts as the Chancellor's Office. The audit report
21 amounts are based on a post-facto specific data query to the Chancellor's data using

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1 seasoned data not available at the time of the claim preparation. The District and other
2 claimants at the time the annual claims are prepared must calculate the amounts based
3 on contemporaneous enrollment information and the number of units waived, which
4 would be a continuing source of minor differences.

5 The offsetting amounts are not actually "reimbursements," rather they are
6 program funds provided by the state to implement the program and are based on
7 statutory rates and not actual cost. The offsetting revenues identified in the parameters
8 and guidelines (Part VII) are of three types: the enrollment fee collection 2%
9 administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation
10 beginning FY 2000-01, and the \$0.91 per unit waived BFAP-SFAA allocation beginning
11 FY 2000-01 (7% for FY 1999-00 only). The audit report concludes that the District
12 misstated these funds for enrollment fee collections by \$50,021 (overstated by
13 \$157,281 and understated by \$207,302) and overstated enrollment fee waivers by
14 \$2,891,301 for the audit period. However, since the audit report does not include the
15 source documentation for the amounts, there is no way to evaluate this source
16 documentation, thus there is no factual basis for these adjustments.

17 The magnitude of the offsetting revenue adjustment results from amount of the
18 disallowed activity costs in Findings 1 through 4. Since the offset cannot exceed the
19 reimbursable cost, as the amount of audited cost decreases, there is a corresponding
20 decrease in applicable offsetting revenues. For the enrollment fee collection
21 component, the audited offset (\$2,030,411) exceeds the audited direct and indirect

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1 program cost (\$1,202,950) by \$827,461. For the enrollment fee waiver component, the
2 audited offset (\$3,272,412) exceeds the audited direct and indirect program cost
3 (\$374,793) by \$2,897,619. If the approved program costs increases as a result of this
4 incorrect reduction claim, these offsetting revenue differences will eliminate the
5 increases until the excess offsets are exhausted.

6 Whether the audited revenue amounts are correct or not, the District disputes
7 the application of these program revenues to claimed costs for the preparation of
8 policies and procedures and staff training. There is no indication in the audit report that
9 these costs are within the scope of costs for which the program funds are applicable.
10 The 2% enrollment fee program revenue is for the administrative cost of collecting the
11 enrollment fee. Similarly, the various enrollment fee waiver program funds are for the
12 purpose of determining the financial need and delivery of student financial aid services.
13 The offsets should be reduced accordingly.

14 As a separate issue, only the relevant revenue offsets should be applied to the
15 relevant costs claimed or allowed. Specifically, in Finding 1 the audited "multiplier
16 calculation" for the enrollment fees collection process is reduced by various
17 percentages for online transaction percentages retroactive to FY 1998-99. That is, the
18 claimed and audited costs are both based only on "in-person" enrollment fee
19 collections. The audit incorrectly applies all of the program revenues, that is, the
20 revenues generated by both the in-person and online computer collections, to the
21 audited enrollment fee in-person only collection costs. The audited revenue offset

1 should be reduced by the same percentage each fiscal year that the cost multiplier is
2 reduced for the percentage of online transactions costs in order to properly match
3 revenues and costs as required by generally accepted accounting principles.

4 **Finding 6 Overstated productive hourly rates for Calculating and Collecting**
5 **Enrollment Fees and Waiving Student Fees cost component**

6 The audit report concludes that the District erred by not weighting productive
7 hourly rates for the twelve program activities. The Controller's weighting method
8 resulted in a reduction of about one-third in the claimed average productive hourly rates
9 for these activities. The District has already asserted that the Controller's choice to use
10 the weighted average is an illegal standard of general application. Separately, the
11 choice of methods is not supported by facts or documentation sufficient to support its
12 universal application or sufficient for annual claims had the same method been used by
13 a claimant.

14 The District calculated its average productive hourly rates using a straight
15 average methodology. The District did not weight the time-relative involvement of the
16 various employee classifications that performed the reimbursable activities. The auditor
17 requested that the District provide support or rebuttal for the auditor's weighted
18 averages. The District declined since there is no requirement in the parameters and
19 guidelines to use weighted productive hourly rates and no factual basis to do so was
20 provided by the auditor.

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1 The audit appears to have accepted the District's supporting documentaton for
2 the calculation of the individual productive hourly rates. The adjustment results from the
3 exclusion, before weighting, of an unspecified number of staff that "did not perform the
4 reimbursable activities" and assigning, for purposes of weighting, a "level of effort" for
5 each job classification (p. 54):

- 6 - Student Hourly Staff – 45%
- 7 - Classified Salaried Staff – 50%
- 8 - Supervisory Staff – 5%

9 These percentages appear to have been solely based on (p. 53) "discussions with
10 district staff concerning procedures in place to conduct the reimbursable activities along
11 with our observations of district staff performing the reimbursable activities." This type
12 of anecdotal information does not meet the parameters and guidelines standards nor
13 the Controller's audit standards because it is unsupported by documentation. The
14 adjustment is incorrect as a matter of law and factually deficient.

15 **PART VIII. RELIEF REQUESTED**

16 The District filed its annual reimbursement claims within the time limits
17 prescribed by the Government Code. The amounts claimed by the District for
18 reimbursement of the costs of implementing the Enrollment Fee Collection and Waivers
19 program imposed by the relevant Education Code Sections and Title 5, California Code
20 of Regulations, represent the actual costs incurred by the District to carry out this
21 program. These costs were properly claimed pursuant to the Commission's parameters

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1 and guidelines. Reimbursement of these costs is required under Article XIII B, Section 6
2 of the California Constitution. The Controller's adjustments deny reimbursement
3 without any basis in law or fact. The District has met its burden of going forward on this
4 incorrect reduction claim by complying with the requirements of Section 1185.1, Title 2,
5 California Code of Regulations. Because the Controller has enforced and is seeking to
6 enforce these adjustments without benefit of statute or regulation, the burden of proof is
7 now upon the Controller to establish a legal basis for its actions.


8 The District requests that the Commission make findings of fact and law on each
9 and every disputed adjustment made by the Controller and each and every procedural
10 and jurisdictional issue raised in this claim, and order the Controller to correct its audit
report findings therefrom.

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1 PART IX. CERTIFICATION

2 By my signature below, I hereby declare, under penalty of perjury under the laws
3 of the State of California, that the information in this incorrect reduction claim
4 submission is true and complete to the best of my own knowledge or information or
5 belief, and that the attached documents are true and correct copies of documents
6 received from or sent by the state agency or person who originated the document.

7 Executed on June 8, 2016, at Anaheim, California, by

8 
9 Fred Williams, Vice Chancellor Finance and Facilities
10 North Orange County Community College District
11 1830 W Romneya Drive
12 Anaheim, CA 92801-1819
13 Voice: 714-808-4746
14 Fax: 714-808-4733
15 E-Mail: fwilliams@nocccd.edu

16 APPOINTMENT OF REPRESENTATIVE

17 North Orange County Community College District appoints Keith B. Petersen,
18 SixTen and Associates, as its representative for this incorrect reduction claim.

19  6/8/16
20 Fred Williams, Vice Chancellor Date
21 North Orange County Community College District

22 Attachments:

23 Exhibit "A" Controller's Audit Report dated August 6, 2013
24 Exhibit "B" Controller's claim action notice letters dated August 31, 2013
25 Exhibit "C" Parameters and Guidelines dated January 26, 2006
26 Exhibit "D" Controller's Claiming Instructions
27 Exhibit "E" Annual Claims and supporting documentation



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

CC30105
 00267
 2013/08/31

BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV; TITLE 5-C

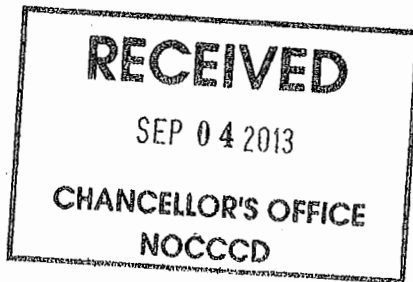
WE HAVE REVIEWED YOUR 1998/1999 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		786,211.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	-	786,211.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)		-88,969.00
AMOUNT DUE STATE	\$	88,969.00

THE ABOVE AMOUNT OF \$ 88,969.00 HAS BEEN OVERPAID TO YOUR AGENCY AND IS DUE TO THE STATE. OUR OFFICE WILL PROCEED TO OFFSET THIS AMOUNT FROM FUTURE PAYMENTS FOR ACCOUNTS PAYABLE DUE TO YOUR AGENCY FOR STATE MANDATED PROGRAMS. IF YOUR AGENCY DOES NOT HAVE PAYABLES DUE OR CHOOSES TO PAY THE STATE, PLEASE REMIT THE ABOVE AMOUNT TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P O BOX 942850, SACRAMENTO, CA 94250-5875 WITH A COPY OF THIS LETTER.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM:			
FIELD AUDIT FINDINGS	-	786,211.00	-
TOTAL ADJUSTMENTS			786,211.00
PRIOR PAYMENTS:			
SCHEDULE NO. MA25006A			
PAID 09-13-2012		-88,969.00	
TOTAL PRIOR PAYMENTS			-88,969.00



SINCERELY,

JAY LAL, MANAGER

LOCAL REIMBURSEMENT SECTION
 P.O. BOX 942850 SACRAMENTO, CA 94250-5875



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 California State Controller
 Division of Accounting and Reporting
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 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV;TITLE 5-C

WE HAVE REVIEWED YOUR 1999/2000 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 909,655.00

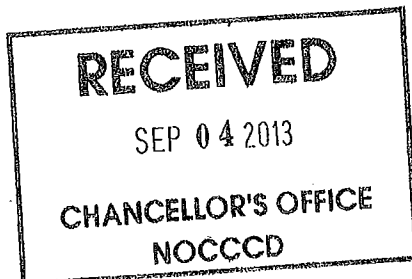
ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 909,655.00

TOTAL ADJUSTMENTS - 909,655.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.



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 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV: TITLE 5-C

WE HAVE REVIEWED YOUR 2000/2001 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,075,496.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 1,075,496.00

TOTAL ADJUSTMENTS - 1,075,496.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

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 Division of Accounting and Reporting
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BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV; TITLE 5-C

WE HAVE REVIEWED YOUR 2001/2002 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,178,055.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 1,178,055.00

TOTAL ADJUSTMENTS - 1,178,055.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

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BOARD OF TRUSTEES
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 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV:TITLE 5-C

WE HAVE REVIEWED YOUR 2002/2003 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,096,331.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 1,096,331.00

TOTAL ADJUSTMENTS - 1,096,331.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

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 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

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 2013/08/31

BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV;TITLE 5-C

WE HAVE REVIEWED YOUR 2003/2004 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,070,896.00

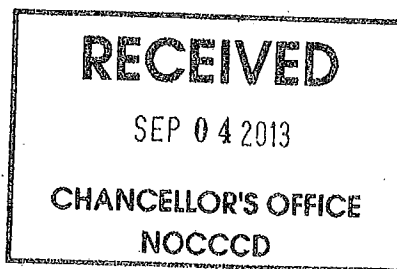
ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 1,070,896.00

TOTAL ADJUSTMENTS - 1,070,896.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.



SINCERELY,

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 P.O. BOX 942850 SACRAMENTO, CA 94250-5875



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

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 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV; TITLE 5-C

WE HAVE REVIEWED YOUR 2004/2005 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 971,676.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 971,676.00

TOTAL ADJUSTMENTS - 971,676.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

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SINCERELY,

JAY LAL, MANAGER

LOCAL REIMBURSEMENT SECTION
 P.O. BOX 942850 SACRAMENTO, CA 94250-5875



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

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BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV:TITLE 5-C

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,346,634.00

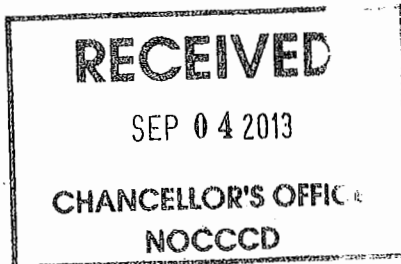
ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 1,346,634.00

TOTAL ADJUSTMENTS - 1,346,634.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.



SINCERELY,

JAY LAL, MANAGER

LOCAL REIMBURSEMENT SECTION
 P.O. BOX 942850 SACRAMENTO, CA 94250-5875



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

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BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV:TITLE 5-C

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,171,883.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 1,171,883.00

TOTAL ADJUSTMENTS - 1,171,883.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

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 CHANCELLOR'S OFFICE
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SINCERELY,

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 P.O. BOX 942850 SACRAMENTO, CA 94250-5875



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

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 2013/08/31

BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV; TITLE 5-C

WE HAVE REVIEWED YOUR 2007/2008 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 2,524,942.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 2,524,942.00

TOTAL ADJUSTMENTS - 2,524,942.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.



SINCERELY,

JAY LAL, MANAGER

LOCAL REIMBURSEMENT SECTION
 P.O. BOX 942850 SACRAMENTO, CA 94250-5875



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

CC30105
 00267
 2013/08/31

BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV:TITLE 5-C

WE HAVE REVIEWED YOUR 2009/2010 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		1,129,335.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	-	1,129,335.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)		-240,334.00
AMOUNT DUE STATE	\$	<u>240,334.00</u>

THE ABOVE AMOUNT OF \$ 240,334.00 HAS BEEN OVERPAID TO YOUR AGENCY AND IS DUE TO THE STATE. OUR OFFICE WILL PROCEED TO OFFSET THIS AMOUNT FROM FUTURE PAYMENTS FOR ACCOUNTS PAYABLE DUE TO YOUR AGENCY FOR STATE MANDATED PROGRAMS. IF YOUR AGENCY DOES NOT HAVE PAYABLES DUE OR CHOOSES TO PAY THE STATE, PLEASE REMIT THE ABOVE AMOUNT TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P O BOX 942850, SACRAMENTO, CA 94250-5875 WITH A COPY OF THIS LETTER.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM:			
FIELD AUDIT FINDINGS	-	1,129,335.00	
TOTAL ADJUSTMENTS			- 1,129,335.00
PRIOR PAYMENTS:			
SCHEDULE NO. MA14005A			
PAID 09-27-2011		-240,334.00	
TOTAL PRIOR PAYMENTS			-240,334.00



SINCERELY,

 JAY LAL, MANAGER



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

CC30105
 00267
 2013/08/31

BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV;TITLE 5-C

WE HAVE REVIEWED YOUR 2010/2011 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 898,202.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 898,202.00

TOTAL ADJUSTMENTS - 898,202.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

RECEIVED
 SEP 04 2013
 CHANCELLOR'S OFFICE
 NOCCCD

SINCERELY,

JAY LAL, MANAGER

LOCAL REIMBURSEMENT SECTION
 P.O. BOX 942850 SACRAMENTO, CA 94250-5875

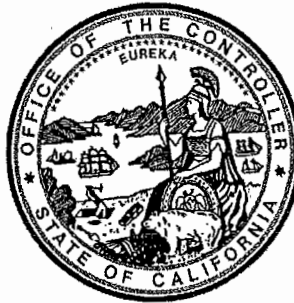
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

Audit Report

ENROLLMENT FEE COLLECTION AND WAIVERS PROGRAM

Education Code Section 76300 and
California Code of Regulations,
Title 5, Sections 58501-58503,
58611-58613, 58620, and 58630

July 1, 1998, through June 30, 2011



JOHN CHIANG
California State Controller

August 2013



JOHN CHIANG
California State Controller

August 6, 2013

Donna Miller, President
Board of Trustees
North Orange County Community College District
1830 West Romneya Drive
Anaheim, CA 92801

Dear Ms. Miller:

The State Controller's Office audited the costs claimed by the North Orange County Community College District for the legislatively mandated Enrollment Fee Collection and Waivers Program (Education Code section 76300 and *California Code of Regulations*, Title 5, sections 58501-58503, 58611-58613, 58620, and 5863) for the period of July 1, 1998, through June 30, 2011.

The district claimed \$15,955,585 for the mandated program. Our audit found that the entire amount is unallowable, because the district claimed estimated costs that were not supported by source documentation, claimed ineligible time, claimed unallowable indirect costs, overstated student enrollment numbers, understated the number of BOGG fee waivers, misstated indirect cost rates, overstated employee productive hourly rates, and misstated offsetting reimbursements. The State paid the district \$605,832, which the State will offset from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (CSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at the CSM's website at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD, CPA
Chief, Division of Audits

JVB/kw

cc: Ned Doffoney, Ph.D., Chancellor
Chancellor's Office
North Orange County Community College District
Rodrigo Garcia, District Director
Fiscal Affairs
North Orange County Community College District
Kashu Vyas, District Manager
Fiscal Affairs
North Orange County Community College District
Christine Atalig, Specialist
College Finance and Facilities Planning
California Community Colleges Chancellor's Office
Mollie Quasebarth, Principal Program Budget Analyst
Education Systems Unit
California Department of Finance
Mario Rodriguez, Finance Budget Analyst
Education Systems Unit
California Department of Finance
Jay Lal, Manager
Division of Accounting and Reporting
State Controller's Office

Contents

Audit Report

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Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the North Orange County Community College District for the legislatively mandated Enrollment Fee Collection and Waivers Program (Education Code section 76300 and *California Code of Regulations*, Title 5, sections 58501-58503, 58611-58613, 58620, and 58630) for the period of July 1, 1998, through June 30, 2011.

The district claimed \$15,955,585 for the mandated program. Our audit found that the entire amount is unallowable, because the district claimed estimated costs that were not supported by source documentation, claimed ineligible time, claimed unallowable indirect costs, overstated student enrollment numbers, understated the number of BOGG fee waivers, misstated indirect cost rates, overstated employee productive hourly rates, and misstated offsetting reimbursements. The State paid the district \$605,832, which the State will offset from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

Background

Education Code section 76300 and Title 5, *California Code of Regulations*, sections 58501-58503, 58611-58613, 58620, and 58630 authorize community college districts to calculate and collect student enrollment fees and to waive student fees in certain instances. The codes also direct community college districts to report the number of, and amounts provided for Board of Governor Grants (BOGG) and to adopt procedures that will document all financial assistance provided on behalf of students pursuant to Chapter 9 of Title 5, *California Code of Regulations*.

The sections were added and/or amended by:

- Chapter 1, Statutes of 1984;
- Chapter 274 and 1401, Statutes of 1984;
- Chapter 920 and 1454, Statutes of 1985;
- Chapter 46 and 395, Statutes of 1986;
- Chapter 1118, Statutes of 1987;
- Chapter 136, Statutes of 1989;
- Chapter 114, Statutes of 1991;
- Chapter 703, Statutes of 1992;
- Chapter 8, 66, 67, and 1124, Statutes of 1993;
- Chapter 153 and 422, Statutes of 1994;
- Chapter 308, Statutes of 1995;
- Chapter 63, Statutes of 1996; and
- Chapter 72, Statutes of 1999.

On April 24, 2003, the Commission on State Mandates (CSM) adopted the Statement of Decision for the Enrollment Fee Collection and Waivers Program. The CSM found that the test claim legislation constitutes a new program or higher level of service and imposes a reimbursable state-mandated program on community college districts within the meaning of Article XIII B, Section 6 of the California Constitution and Government Code section 17514.

The CSM found that the following activities are reimbursable:

- Calculating and collecting the student enrollment fee for each student enrolled except for nonresidents, and except for special part-time students cited in section 76300, subdivision (f).
- Waiving student fees in accordance with the groups listed in Education Code section 76300, subdivisions (g) and (h).
- Waiving fees for students who apply for and are eligible for BOG fee waivers.
- Reporting to the Community Colleges Chancellor the number of and amounts provided for Board of Governors waivers.
- Adopting procedures that will document all financial assistance provided on behalf of students pursuant to Chapter 9 of Title 5 of the California Code of Regulations; and including in the procedures the rules for retention of support documentation which will enable an independent determination regarding accuracy of the district's certification of need for financial assistance.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines on January 26, 2006. In compliance with Government Code section 17558, the SCO issues claiming instructions to assist local agencies and school districts in claiming mandated program reimbursable costs.

Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Enrollment Fee Collection and Waivers Program for the period of July 1, 1998, through June 30, 2011.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the district's financial statements. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We limited our review of the district's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

Conclusion

Our audit found instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, the North Orange County Community College District claimed \$15,955,585 for costs of the Enrollment Fee Collection and Waivers Program. Our audit found that the entire amount is unallowable.

For the FY 1998-99 claim, the State paid the district \$88,969. Our audit found that the costs claimed are unallowable. The State will offset \$88,969 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 1999-2000 through FY 2007-08 claims, the State made no payments to the district. Our audit found that the costs claimed are unallowable.

For the FY 2008-2009 claim, the State paid the district \$276,529. Our audit found that all costs claimed are unallowable. The State will offset \$276,529 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 2009-10 claim, the State paid the district \$240,334. Our audit found that all costs claimed are unallowable. The State will offset \$240,334 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 2010-11 claim, the State made no payment to the district. Our audit found that the costs claimed are unallowable.

Views of Responsible Official

We issued a draft audit report on July 12, 2013. Fred Williams, Vice Chancellor, Finance and Facilities, responded by letter dated July 23, 2013 (Attachment), disagreeing with the audit results for findings 1, 3, 4, and 6. This audit report includes the district's response.

Restricted Use

This report is solely for the information and use of the North Orange County Community College District, the California Community Colleges Chancellor's Office, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Original signed by

JEFFREY V. BROWNFIELD, CPA
Chief, Division of Audits

August 6, 2013

**Schedule 1—
Summary of Program Costs
July 1, 1998, through June 30, 2011**

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 1998, through June 30, 1999</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits:				
Calculating and collecting enrollment fees	\$ 600,735	\$ 44,672	\$ (556,063)	Finding 1
Total direct costs	600,735	44,672	(556,063)	
Indirect costs	228,279	14,310	(213,969)	Finding 4
Total direct and indirect costs	829,014	58,982	(770,032)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(42,803)	(104,798)	(61,995)	Finding 5
Adjustment for unused portion of offsets ²	—	45,816	45,816	Finding 5
Total program costs	<u>\$ 786,211</u>	—	<u>\$ (786,211)</u>	
Less amount paid by the State		(88,969)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (88,969)</u>		
<u>July 1, 1999, through June 30, 2000</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits:				
Calculating and collecting enrollment fees	\$ 655,980	\$ 50,980	\$ (605,000)	Finding 1
Total direct costs	655,980	50,980	(605,000)	
Indirect costs	249,272	16,329	(232,943)	Finding 4
Total direct and indirect costs	905,252	67,309	(837,943)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(42,290)	(98,797)	(56,507)	Finding 5
Adjustment for unused portion of offsets ²	—	31,488	31,488	Finding 5
Total enrollment fee collection	<u>862,962</u>	—	<u>(862,962)</u>	
<i>Enrollment fee waivers:</i>				
Direct costs - salaries and benefits				
Staff training	251	251	—	
Adopt procedures, record and maintain records	—	529	529	Finding 2
Waiving student fees	120,363	5,025	(115,338)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	2,261	2,261	—	
Total direct costs	122,875	8,066	(114,809)	
Indirect costs	46,693	2,584	(44,109)	Finding 4
Total direct and indirect costs	169,568	10,650	(158,918)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(122,875)	(167,427)	(44,552)	Finding 5
Adjustment for unused portion of offsets ²	—	156,777	156,777	Finding 5
Total enrollment fee waivers	<u>46,693</u>	—	<u>(46,693)</u>	
Total program costs	<u>\$ 909,655</u>	—	<u>\$ (909,655)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2000, through June 30, 2001</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Calculating and collecting enrollment fees	\$ 770,019	\$ 54,328	\$ (715,691)	Finding 1
Total direct costs	770,019	54,328	(715,691)	
Indirect costs	292,607	17,393	(275,214)	Finding 4
Total direct and indirect costs	1,062,626	71,721	(990,905)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(45,177)	(101,151)	(55,974)	Finding 5
Adjustment for unused portion of offsets ²	—	29,430	29,430	Finding 5
Total enrollment fee collection	1,017,449	—	(1,017,449)	
<i>Enrollment fee waivers:</i>				
Direct costs - salaries and benefits				
Staff training	253	253	—	
Adopt procedures, record and maintain records	—	573	573	Finding 2
Waiving student fees	150,225	5,715	(144,510)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	2,279	2,279	—	
Total direct costs	152,757	8,820	(143,937)	
Indirect costs	58,047	2,824	(55,223)	Finding 4
Total direct and indirect costs	210,804	11,644	(199,160)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(152,757)	(195,660)	(42,903)	Finding 5
Adjustment for unused portion of offsets ²	—	184,016	184,016	Finding 5
Total enrollment fee waivers	58,047	—	(58,047)	
Total program costs	\$ 1,075,496	—	\$ (1,075,496)	
Less amount paid by the State			—	
Allowable costs claimed in excess of (less than) amount paid		\$ —		
<u>July 1, 2001, through June 30, 2002</u>				
<i>Enrollment fee collection:</i>				
Direct costs - salaries and benefits				
Prepare policies and procedures	\$ 156	\$ 156	\$ —	
Staff training	2,911	2,911	—	
Calculating and collecting enrollment fees	752,829	63,138	(689,691)	Finding 1
Total direct costs	755,896	66,205	(689,691)	
Indirect costs	287,240	21,188	(266,052)	Finding 4
Total direct and indirect costs	1,043,136	87,393	(955,743)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(37,750)	(101,363)	(63,613)	Finding 5
Adjustment for unused portion of offsets ²	—	13,970	13,970	Finding 5
Total enrollment fee collection	1,005,386	—	(1,005,386)	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2001, through June 30, 2002 (continued)</u>				
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Staff training	277	277	—	
Adopt procedures, record and maintain records	—	607	607	Finding 2
Waiving student fees	285,123	6,908	(278,215)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	2,497	2,497	—	
Total direct costs	287,897	10,289	(277,608)	
Indirect costs	109,402	3,293	(106,109)	Finding 4
Total direct and indirect costs	397,299	13,582	(383,717)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(224,630)	(188,560)	36,070	Finding 5
Adjustment for unused portion of offsets ²	—	174,978	174,978	Finding 5
Total enrollment fee waivers	172,669	—	(172,669)	
Total program costs	<u>\$ 1,178,055</u>	—	<u>\$ (1,178,055)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2002, through June 30, 2003</u>				
<i>Enrollment fee collection:</i>				
Direct costs - salaries and benefits				
Prepare policies and procedures	\$ 53	\$ 53	\$ —	
Staff training	2,968	2,968	—	
Calculating and collecting enrollment fees	731,882	63,408	(668,474)	Finding 1
Total direct costs	734,903	66,429	(668,474)	
Indirect costs	286,613	20,814	(265,799)	Finding 4
Total direct and indirect costs	1,021,516	87,243	(934,273)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(61,633)	(103,807)	(42,174)	Finding 5
Adjustment for unused portion of offsets ²	—	16,564	16,564	Finding 5
Total enrollment fee collection	959,883	—	(959,883)	
<i>Enrollment fee waivers:</i>				
Direct costs - salaries and benefits				
Staff training	317	317	—	
Adopt procedures, record and maintain records	—	657	657	Finding 2
Waiving student fees	267,027	13,463	(253,564)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	2,853	2,853	—	
Total direct costs	270,197	17,290	(252,907)	
Indirect costs	105,375	5,417	(99,958)	Finding 4
Total direct and indirect costs	375,572	22,707	(352,865)	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2002, through June 30, 2003 (continued)</u>				
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(239,124)	(233,423)	5,701	Finding 5
Adjustment for unused portion of offsets ²	—	210,716	210,716	Finding 5
Total enrollment fee waivers	136,448	—	(136,448)	
Total program costs	<u>\$ 1,096,331</u>	—	<u>\$ (1,096,331)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2003, through June 30, 2004</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	\$ 55	\$ 55	\$ —	
Staff training	3,051	3,051	—	
Calculating and collecting enrollment fees	677,052	52,638	(624,414)	Finding 1
Total direct costs	680,158	55,744	(624,414)	
Indirect costs	265,261	15,790	(249,471)	Finding 4
Total direct and indirect costs	945,419	71,534	(873,885)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(66,553)	(146,275)	(79,722)	Finding 5
Adjustment for unused portion of offsets ²	—	74,741	74,741	Finding 5
Total enrollment fee collection	878,866	—	(878,866)	
<i>Enrollment fee waivers:</i>				
Direct costs - salaries and benefits				
Staff training	306	306	—	
Adopt procedures, record and maintain records	—	710	710	Finding 2
Waiving student fees	326,672	14,826	(311,846)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	2,758	2,758	—	
Total direct costs	329,736	18,600	(311,136)	
Indirect costs	128,597	5,269	(123,328)	Finding 4
Total direct and indirect costs	458,333	23,869	(434,464)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(266,303)	(235,375)	30,928	Finding 5
Adjustment for unused portion of offsets ²	—	211,506	211,506	Finding 5
Total enrollment fee waivers	192,030	—	(192,030)	
Total program costs	<u>\$ 1,070,896</u>	—	<u>\$ (1,070,896)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2004, through June 30, 2005</u>				
<i>Enrollment fee collection:</i>				
Direct costs - salaries and benefits				
Prepare policies and procedures	\$ 57	\$ 57	\$ —	
Staff training	3,186	3,186	—	
Calculating and collecting enrollment fees	685,308	51,212	(634,096)	Finding 1
Total direct costs	688,551	54,455	(634,096)	
Indirect costs	268,535	15,344	(253,191)	Finding 4
Total direct and indirect costs	957,086	69,799	(887,287)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(115,845)	(208,301)	(92,456)	Finding 5
Adjustment for unused portion of offsets ²	—	138,502	138,502	Finding 5
Total enrollment fee collection	841,241	—	(841,241)	
<i>Enrollment fee waivers:</i>				
Direct costs - salaries and benefits				
Staff training	333	333	—	
Adopt procedures, record and maintain records	—	739	739	Finding 2
Waiving student fees	331,117	18,250	(312,867)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	2,997	2,997	—	
Total direct costs	334,447	22,319	(312,128)	
Indirect costs	130,435	6,289	(124,146)	Finding 4
Total direct and indirect costs	464,882	28,608	(436,274)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(334,447)	(320,728)	13,719	Finding 5
Adjustment for unused portion of offsets ²	—	292,120	292,120	Finding 5
Total enrollment fee waivers	130,435	—	(130,435)	
Total program costs	\$ 971,676	—	\$ (971,676)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		\$ —		
<u>July 1, 2005, through June 30, 2006</u>				
<i>Enrollment fee collection:</i>				
Direct costs - salaries and benefits				
Prepare policies and procedures	\$ 67	\$ 67	\$ —	
Staff training	4,048	4,048	—	
Calculating and collecting enrollment fees	826,195	62,854	(763,341)	Finding 1
Total direct costs	830,310	66,969	(763,341)	
Indirect costs	323,821	18,878	(304,943)	Finding 4
Total direct and indirect costs	1,154,131	85,847	(1,068,284)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(118,851)	(211,464)	(92,613)	Finding 5
Adjustment for unused portion of offsets ²	—	125,617	125,617	Finding 5
Total enrollment fee collection	1,035,280	—	(1,035,280)	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2005, through June 30, 2006 (continued)</u>				
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Staff training	380	380	—	
Adopt procedures, record and maintain records	—	748	748	Finding 2
Waiving student fees	466,102	23,385	(442,717)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	3,416	3,416	—	
Total direct costs	469,898	27,929	(441,969)	
Indirect costs	183,260	7,873	(175,387)	Finding 4
Total direct and indirect costs	653,158	35,802	(617,356)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(341,804)	(302,933)	38,871	Finding 5
Adjustment for unused portion of offsets ²	—	267,131	267,131	Finding 5
Total enrollment fee waivers	311,354	—	(311,354)	
Total program costs	<u>\$ 1,346,634</u>	—	<u>\$ (1,346,634)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2006, through June 30, 2007</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	\$ 72	\$ 72	\$ —	
Staff training	4,313	4,313	—	
Calculating and collecting enrollment fees	938,842	74,248	(864,594)	Finding 1
Total direct costs	943,227	78,633	(864,594)	
Indirect costs	278,251	23,197	(255,054)	Finding 4
Total direct and indirect costs	1,221,478	101,830	(1,119,648)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(133,267)	(196,898)	(63,631)	Finding 5
Adjustment for unused portion of offsets ²	—	95,068	95,068	Finding 5
Total enrollment fee collection	1,088,211	—	(1,088,211)	
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Staff training	389	389	—	
Adopt procedures, record and maintain records	—	808	808	Finding 2
Waiving student fees	279,745	24,409	(255,336)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	3,497	3,497	—	
Total direct costs	283,631	29,103	(254,528)	
Indirect costs	83,672	8,585	(75,087)	Finding 4
Total direct and indirect costs	367,303	37,688	(329,615)	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2006, through June 30, 2007 (continued)</u>				
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(283,631)	(331,893)	(48,262)	Finding 5
Adjustment for unused portion of offsets ²	—	294,205	294,205	Finding 5
Total enrollment fee waivers	<u>83,672</u>	<u>—</u>	<u>(83,672)</u>	
Total program costs	<u>\$ 1,171,883</u>	<u>—</u>	<u>\$ (1,171,883)</u>	
Less amount paid by the State		<u>—</u>		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2007, through June 30, 2008</u>				
<i>Enrollment fee collection:</i>				
Direct costs - salaries and benefits				
Prepare policies and procedures	\$ 75	\$ 75	\$ —	
Staff training	4,526	4,526	—	
Calculating and collecting enrollment fees	1,366,670	87,311	(1,279,359)	Finding 1
Total direct costs	<u>1,371,271</u>	<u>91,912</u>	<u>(1,279,359)</u>	
Indirect costs	<u>404,525</u>	<u>27,114</u>	<u>(377,411)</u>	Finding 4
Total direct and indirect costs	<u>1,775,796</u>	<u>119,026</u>	<u>(1,656,770)</u>	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(102,049)	(179,722)	(77,673)	Finding 5
Adjustment for unused portion of offsets ²	—	60,696	60,696	Finding 5
Total enrollment fee collection	<u>1,673,747</u>	<u>—</u>	<u>(1,673,747)</u>	
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Staff training	460	460	—	
Adopt procedures, record and maintain records	—	883	883	Finding 2
Waiving student fees	911,514	28,677	(882,837)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	4,139	4,139	—	
Total direct costs	<u>916,113</u>	<u>34,159</u>	<u>(881,954)</u>	
Indirect costs	<u>270,254</u>	<u>10,077</u>	<u>(260,177)</u>	Finding 4
Total direct and indirect costs	<u>1,186,367</u>	<u>44,236</u>	<u>(1,142,131)</u>	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(335,172)	(307,226)	27,946	Finding 5
Adjustment for unused portion of offsets ²	—	262,990	262,990	Finding 5
Total enrollment fee waivers	<u>851,195</u>	<u>—</u>	<u>(851,195)</u>	
Total program costs	<u>\$ 2,524,942</u>	<u>—</u>	<u>\$ (2,524,942)</u>	
Less amount paid by the State		<u>—</u>		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2008, through June 30, 2009</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	\$ 72	\$ 72	\$ —	
Staff training	4,302	4,302	—	
Calculating and collecting enrollment fees	991,435	88,864	(902,571)	Finding 1
Total direct costs	995,809	93,238	(902,571)	
Indirect costs	368,848	35,421	(333,427)	Finding 4
Total direct and indirect costs	1,364,657	128,659	(1,235,998)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(97,611)	(183,181)	(85,570)	Finding 5
Adjustment for unused portion of offsets ²	—	54,522	54,522	Finding 5
Total enrollment fee collection	1,267,046	—	(1,267,046)	
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Staff training	468	468	—	
Adopt procedures, record and maintain records	—	824	824	Finding 2
Waiving student fees	578,134	28,125	(550,009)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	4,208	4,208	—	
Total direct costs	582,810	33,625	(549,185)	
Indirect costs	215,872	12,774	(203,098)	Finding 4
Total direct and indirect costs	798,682	46,399	(752,283)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(269,459)	(293,765)	(24,306)	Finding 5
Adjustment for unused portion of offsets ²	—	247,366	247,366	Finding 5
Total enrollment fee waivers	529,223	—	(529,223)	
Total program costs	<u>\$ 1,796,269</u>	—	<u>\$ (1,796,269)</u>	
Less amount paid by the State		(276,529)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (276,529)</u>		
<u>July 1, 2009, through June 30, 2010</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Calculating and collecting enrollment fees	\$ 830,259	\$ 86,050	\$ (744,209)	Finding 1
Total direct costs	830,259	86,050	(744,209)	
Indirect costs	324,465	33,112	(291,353)	Finding 4
Total direct and indirect costs	1,154,724	119,162	(1,035,562)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(107,861)	(213,415)	(105,554)	Finding 5
Adjustment for unused portion of offsets ²	—	94,253	94,253	Finding 5
Total enrollment fee collection	1,046,863	—	(1,046,863)	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2009, through June 30, 2010 (continued)</u>				
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Adopt procedures, record and maintain records	—	663	663	Finding 2
Waiving student fees	211,032	31,120	(179,912)	Finding 3
Total direct costs	211,032	31,783	(179,249)	
Indirect costs	82,472	12,230	(70,242)	Finding 4
Total direct and indirect costs	293,504	44,013	(249,491)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(211,032)	(328,651)	(117,619)	Finding 5
Adjustment for unused portion of offsets ²	—	284,638	284,638	Finding 5
Total enrollment fee waivers	82,472	—	(82,472)	
Total program costs	<u>\$ 1,129,335</u>	—	<u>\$ (1,129,335)</u>	
Less amount paid by the State		(240,334)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (240,334)</u>		
<u>July 1, 2010, through June 30, 2011</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	\$ 955	\$ 955	\$ —	
Staff training	297	297	—	
Calculating and collecting enrollment fees	733,548	93,675	(639,873)	Finding 1
Total direct costs	734,800	94,927	(639,873)	
Indirect costs	297,447	39,518	(257,929)	Finding 4
Total direct and indirect costs	1,032,247	134,445	(897,802)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(181,239)	(181,239)	—	Finding 5
Adjustment for unused portion of offsets ²	—	46,794	46,794	Finding 5
Total enrollment fee collection	851,008	—	(851,008)	
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	\$ 691	\$ 691	\$ —	
Staff training	297	297	—	
Adopt procedures, record and maintain records	18,125	850	(17,275)	Finding 2
Waiving student fees	358,936	36,725	(322,211)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	691	691	—	
Total direct costs	378,740	39,254	(339,486)	
Indirect costs	153,314	16,341	(136,973)	Finding 4
Total direct and indirect costs	532,054	55,595	(476,459)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(484,860)	(366,771)	118,089	Finding 5
Adjustment for unused portion of offsets ²	—	311,176	311,176	Finding 5
Total enrollment fee waivers	47,194	—	(47,194)	
Total program costs	<u>\$ 898,202</u>	—	<u>\$ (898,202)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable Per Audit	Audit Adjustment	Reference ¹
<u>Summary: July 1, 1998, through June 30, 2011</u>				
<i>Enrollment fee collection:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	\$ 1,562	\$ 1,562	\$ —	
Staff training	29,602	29,602	—	
Calculating and collecting enrollment fees	10,560,754	873,378	(9,687,376)	Finding 1
Total direct costs	10,591,918	904,542	(9,687,376)	
Indirect costs	3,875,164	298,408	(3,576,756)	Finding 4
Total direct and indirect costs	14,467,082	1,202,950	(13,264,132)	
Less offsetting savings and reimbursements:				
Enrollment fee collection	(1,152,929)	(2,030,411)	(877,482)	Finding 5
Adjustment for unused portion of offsets ²	—	827,461	827,461	Finding 5
Total enrollment fee collection	13,314,153	—	(13,314,153)	
<i>Enrollment fee waivers:</i>				
Direct costs-salaries and benefits				
Prepare policies and procedures	691	691	—	
Staff training	3,731	3,731	—	
Adopt procedures, record and maintain records	18,125	8,591	(9,534)	Finding 2
Waiving student fees	4,285,990	236,628	(4,049,362)	Finding 3
Reporting BOGG fee waiver data to CCCCCO	31,596	31,596	—	
Total direct costs	4,340,133	281,237	(4,058,896)	
Indirect costs	1,567,393	93,556	(1,473,837)	Finding 4
Total direct and indirect costs	5,907,526	374,793	(5,532,733)	
Less offsetting savings and reimbursements:				
Enrollment fee waivers	(3,266,094)	(3,272,412)	(6,318)	Finding 5
Adjustment for unused portion of offsets ²	—	2,897,619	2,897,619	Finding 5
Total enrollment fee waivers	2,641,432	—	(2,641,432)	
Total program costs	<u>\$15,955,585</u>	—	<u>\$(15,955,585)</u>	
Less amount paid by the State		(605,832)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (605,832)</u>		

¹ See the Findings and Recommendations section.

² Offsetting savings and reimbursements are limited to total allowable direct and indirect costs and are calculated separately for enrollment fee collection and enrollment fee waivers.

Findings and Recommendations

**FINDING 1—
Enrollment Fee
Collection: Calculating
and Collecting
Enrollment Fees cost
component—unallowable
ongoing costs**

The district claimed \$10,560,754 in salaries and benefits for the Calculating and Collecting Enrollment Fees cost component during the audit period. We determined that \$873,378 is allowable and \$9,687,376 is unallowable. The costs are unallowable because the district estimated the amount of time required to perform the reimbursable activities. In addition, we noted variations in the number of students used in the district’s calculations based on the student enrollment data reported to us by the California Community College Chancellor’s Office (CCCCO) and the number of students who paid their enrollment fees online rather than in person, based on information provided to us by the district. We also made adjustments to the average productive hourly rates used in the district’s claims.

The following table summarizes the overstated ongoing costs related to calculating and collecting enrollment fees by fiscal year:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Amount Allowable</u>	<u>Audit Adjustment</u>
Salaries and benefits:			
1998-99	\$ 600,735	\$ 44,672	\$ (556,063)
1999-00	655,980	50,980	(605,000)
2000-01	770,018	54,328	(715,690)
2001-02	752,829	63,138	(689,691)
2002-03	731,883	63,408	(668,475)
2003-04	677,052	52,638	(624,414)
2004-05	685,308	51,212	(634,096)
2005-06	826,195	62,854	(763,341)
2006-07	938,842	74,248	(864,594)
2007-08	1,366,670	87,311	(1,279,359)
2008-09	991,435	88,864	(902,571)
2009-10	830,259	86,050	(744,209)
2010-11	733,548	93,675	(639,873)
Total, salaries and benefits	\$ 10,560,754	\$ 873,378	\$ (9,687,376)

The parameters and guidelines (section IV.A.2) allow ongoing activities related to costs for calculating and collecting the student enrollment fee for each student enrolled, with the exception of nonresidents and special part-time students cited in Government Code section 76300, subdivision(f), for the following six reimbursable activities:

- i. Referencing student accounts and records to determine course workload, status of payments, and eligibility for fee waiver. Printing a list of enrolled courses. (Activity 1)

- ii. 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 (however, any fees that may be charged to a community college district by a credit card company or bank are not reimbursable). Preparing a receipt for a payment received. **(Activity 2)**
- iii. Answering student's questions regarding enrollment fee collection or referring them to the appropriate person for an answer. **(Activity 3)**
- iv. Updating written and computer records for the enrollment fee information and providing a copy to the student. Copying and filing enrollment fee documentation. **(Activity 4)**
- v. Collecting delinquent enrollment fees, including written or telephonic collection notices to students, turning accounts over to collection agencies, or small claims court action. **(Activity 5)**
- vi. For students who establish fee waiver eligibility after the enrollment fee has been collected, providing a refund or enrollment fees paid and updating student and district records as required. (Refund process for change in program is not reimbursable). **(Activity 6)**

The program's parameters and guidelines (section IV—Reimbursable Activities) state "To be eligible for mandated cost reimbursement, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records, time logs, sign-in sheets, invoices, and receipts."

Salaries and Benefits

For fiscal year (FY) 1998-99 through FY 2010-11, the district claimed salaries and benefits for the six reimbursable activities under the Calculating and Collecting Enrollment Fees cost component using time allowances developed from the estimated time it took staff to complete various activities through the use of employees' annual survey forms. Employees estimated the average time in minutes it took them to perform the six reimbursable activities per student per year on certification forms developed by the district's mandated cost consultant. The district did not provide any source documentation based on actual data to support the estimated time allowances.

The following table summarizes the minutes claimed for reimbursable activities 1 through 6:

Reimbursable Activity	Claimed						
	FY 1998 Through FY 2000-01	FY2001-02 Through FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	1 Referencing Students Accounts	5.40	5.40	6.40	6.10	5.40	4.40	3.90
2 Calculating the Fee	5.20	5.20	5.00	5.90	5.10	5.00	4.00
3 Answering Questions	5.80	5.80	5.10	8.00	5.80	5.00	4.20
4 Updating Records	5.70	5.70	4.80	7.90	4.80	3.80	3.40
	22.10	22.10	21.30	27.90	21.10	18.20	15.50
5 Collecting Delinquent Fees	-	5.50	6.10	6.10	7.10	7.80	6.90
6 Providing Refunds	-	5.40	4.40	6.40	4.90	4.70	4.10
	-	10.90	10.50	12.50	12.00	12.50	11.00
	22.10	33.00	31.80	40.40	33.10	30.70	26.50

As the mandated activities took place at the district during the audit period, we assessed whether or not the time estimates cited by district staff for FY 1998-99 through FY 2010-11 were reasonable. We held discussions with various district representatives in order to determine the procedures that district staff followed to perform the reimbursable activities. We observed district staff in the Admissions and Records Office and in the Bursar's Office that collects enrollment fees from students and documented the average time increments spent by district staff to perform these activities based on our observations.

In applying the time allowances, the district did not report the correct number of students related to the various reimbursable activities. We recalculated reimbursable activities using the correct number of students (multiplier). We also made adjustments to the average productive hourly rates that were used in the district's claims. Based on this information, we determined that the district overstated salaries and benefits by \$9,687,376 for the audit period.

Activities 1 through 4—Activity 1-Referencing student accounts, Activity 2-Calculating and collecting the fee, Activity 3-Answering students' questions, Activity 4-Updating student records

Time Increments

Using certification forms developed by the district's mandated cost consultant, district employees estimated the time required to perform the reimbursable activities. Based on these certifications, the district developed time allowances per student of 22.10 minutes for its FY 1998-99 through FY 2005-06 claims, 21.30 minutes for its FY 2006-07 claim, 27.90 minutes for its FY 2007-08 claim, 21.10 minutes for its FY 2008-09 claim, 18.20 minutes for its FY 2009-10 claim, and 15.50 minutes for its FY 2010-11 claim. Based on our observations, we determined that the time allowances claimed for these activities for these years were overstated.

We held discussions with various district representatives during the audit in order to determine the procedures that district staff followed to perform the reimbursable activities. We observed district staff in the Admissions and Records Office and in the Bursar's Office performing the reimbursable activities as well as other non-mandated activities. Over several days, we observed 178 payment transactions processed by district staff. Of these, 78 involved the payment of enrollment fees encompassing Activities 1 through 4 totaling 214.78 minutes. The average time to perform all four activities was 2.76 minutes or 0.69 minutes per activity. The Office Supervisors were encouraged to watch over the auditors while our observations were being documented. We documented the average time increments spent by district staff to perform the reimbursable activities based on our observations. We reviewed the observations as they took place with the Office Supervisors. The district's mandated cost consultant and district management staff advised the Office Supervisors and the college campus staff not to comment on any of our analysis results, determinations, or observations. In addition, the district's District Director advised us not to discuss our audit results with management or any other campus staff.

Multiplier Calculation

For Activities 1 through 4, the district claimed costs by multiplying the number of students (multiplier) by a uniform time allowance and an annual average productive hourly rate. For Activities 1, 3 and 4, the district used the number of total enrolled students as the multiplier. In determining student enrollment, the district used the "Student Total Headcount" summary report obtained from the CCCC's website for FY 1998-99 through FY 2008-09. However, this report includes duplicated students by term. The district did not deduct ineligible non-resident and special admit students (students who attend a community college while in high school pursuant to Education Code section 76001). For Activity 2, the district used the number of total enrolled students less the number of BOGG fee waivers granted. For Activity 4, the district used the number of total enrolled students without excluding the number of BOGG fee waivers granted from FY 1998-99 through FY 2008-09. The district used the number of total enrolled students less the number of BOGG fee waivers granted as the multiplier only from FY 2009-10 to FY 2010-11.

We updated the district's calculations of eligible students for Activities 1 and 3 based on the number of students enrolled as reported to the CCCC, less non-resident students and special admit students. The CCCC's management information system (MIS) identifies enrollment information based on student data that the district reported. The CCCC identifies the district's enrollment based on CCCC's MIS data element STD 7, codes A through G. The CCCC eliminates any duplicate students by term based on their Social Security number.

We also updated the district's calculations of eligible students for Activities 2 and 4 by deducting the number of BOGG recipients from reimbursable student enrollment confirmed by the CCCCCO. The CCCCCO identifies the unduplicated number of BOGG recipients by term based on MIS data element SF21 and all codes with the first letter of B or F. In addition, we added the number of refunds claimed for students who paid their enrollment fees and were subsequently granted a BOGG fee waiver and deducted students who paid their enrollment through the district's online system.

The district provided a breakdown of the enrollment fees paid using the district's online system and in person from FY 2002-03 through FY 2010-11. Based on the information provided by the district, we determined the percentage of enrollment fees paid in person at the Admissions and Records Office and in the Bursar's Office by dividing the fees paid in person by the total fees paid. We applied the percentage we calculated to the net enrollment number (the number of students enrolled less non-resident students, special admit students and BOGG fee waiver recipients) to determine the number of enrollment fees paid in person. We then included the number of refunds claimed for students who paid their enrollment fees and were subsequently granted a BOGG fee waiver.

The district did not provide a breakdown of the enrollment fees paid in person, online, or via phone for FY 1998-99 to 2000-01, as the data was unavailable prior to the implementation of the district's Banner software system in FY 2001-02. However, the district stated and we agreed that 75% was a reasonable percentage of fees that may have been paid in person during those years, as this was the percentage that the district was able to support for FY 2001-02. We applied this percentage to net enrollment numbers (the number of students enrolled less non-resident students, special admit students and BOGG fee waiver recipients) to determine the number of enrollment fees paid in person for FY 1998-99 through FY 2000-01.

Productive Hourly Rates

We also determined that the district overstated the average productive hourly rates used for Activity 1 through 6 in its claims for the audit period. The district's average productive hourly rates included staff that did not perform Activity 1 through 6 (staff employed in the Financial Aid Department) and excluded staff that did perform the reimbursable activities. We determined that the staff excluded was employees that did not receive a time survey form. In addition, the district did not weigh the average rates by employee classification. Instead, all employee classifications were weighted at the same level as if they performed the reimbursable activities to the same extent. As explained in Finding 6, we recalculated the average productive hourly rates based on employees actually involved in calculating and collecting enrollment fee activities and made minor changes to the claimed rates.

Activity 5—Collecting delinquent enrollment fees*Time Increments*

The district did not claim any costs for this activity in its claims for FY 1998-99 through FY 2000-01. Using certification forms developed by the district's mandated cost consultant, district employees estimated the time required to perform reimbursable Activity 5. Based on these certifications, the district developed time allowances per student account of 5.5 minutes for FY 2001-02 through FY 2005-06, 6.10 minutes per student account for FY 2006-07 and FY 2007-08, 7.10 minutes per student account for FY 2008-09, 7.80 minutes per student account for FY 2009-10, and 6.90 minutes per student account for FY 2010-11 to collect delinquent enrollment fees in the Admissions and Records Office and in the Bursar's Office.

The district collects some of the delinquent fees at the Admissions and Records Office and in the Bursar's Office. However, district representatives stated that the majority of students' delinquent fee payments are handled through a batch process if the delinquent enrollment fees are over a year old. Prior to FY 2009-10 the district sent two letters to students informing them of their delinquent enrollment fees. Beginning in FY 2010-11, the district began sending only one notice to students. After notifying students, the district sends any remaining delinquent accounts to the CCCC, which refers the accounts to the Franchise Tax Board for collection.

We did not observe this activity being performed during our observations at the Admissions and Records Office and in the Bursar's Office. However, based on the procedures in place and the information gathered during our discussions with district representatives, the time claimed appears reasonable.

Multiplier Calculation

For Activity 5, the district provided, and we accepted, the number of delinquent student accounts processed during the audit period.

Productive Hourly Rates

Consistent with the information presented for Activities 1 through 4, the district also overstated the annual average productive hourly rates in its claims for the audit period for Activity 5. As explained in Finding 6, we recalculated the annual average productive hourly rates based on employees actually involved in calculating and collecting enrollment fee activities and made minor changes to the claimed rates.

Activity 6—Providing a refund for students who establish fee waiver eligibility after the enrollment fee has been collected

Time Increments

The district did not claim any costs for this activity in its claims for FY 1998-99 through FY 2000-01. Using certification forms developed by the district's mandated cost consultant; district employees estimated the time required to perform reimbursable Activity 6 for years subsequent to FY 2001-02. Based on these certifications, the district developed time allowances per refund transaction of 5.4 minutes for FY 2001-02 through FY 2005-06, 4.4 minutes for FY 2006-07, 6.4 minutes for FY 2007-08, 4.9 minutes for FY 2008-09, 4.7 minutes for FY 2009-10, and 4.10 minutes for FY 2010-11.

To qualify for a refund, students must officially withdraw from a class by the refund deadlines established by the district. Refunds for enrollment fees paid are processed within three months after the semester begins. Cypress College does not process any refunds until after the first three weeks of the semester have passed. However, Fullerton College processes refunds on an ongoing basis for students who have paid their fees and then received a BOGG fee waiver during the first three weeks of the semester. Based on information provided by district staff, some refunds are processed faster than others. Each refund has to be analyzed before a refund check is sent to the student. Some accounts are verified quickly, while others may take longer depending on the fees already paid, dropped classes, and other fees due to the college. The process may also take longer when there are larger numbers of refunds to be processed at one time.

We did not observe this activity being performed during our observations at the Admissions and Records Office and in the Bursar's Office. Based on information obtained during our discussions with district staff, we determined that the time claimed for this component during the audit period appears reasonable.

Multiplier Calculation

For Activity 6, the district provided and we accepted the number of refunds processed for students who established fee waiver eligibility after paying their enrollment fees.

Productive Hourly Rates

Consistent with the information presented for Activities 1 through 4, the district also overstated the annual average productive hourly rates used in its claims for Activity 6 during the audit period. As explained in Finding 6, we recalculated the annual average productive hourly rates based on employees actually involved in calculating and collecting enrollment fee activities and made minor changes to the claimed rates.

Calculation of Time Increments Adjustment

The following table summarizes the minutes claimed and allowable for reimbursable Activities 1 through 6:

Reimbursable Activity	Claimed						
	FY 1998 Through FY 2000-01	FY2001-02 Through FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	1 Referencing Students Accounts	5.40	5.40	6.40	6.10	5.40	4.40	3.90
2 Calculating the Fee	5.20	5.20	5.00	5.90	5.10	5.00	4.00
3 Answering Questions	5.80	5.80	5.10	8.00	5.80	5.00	4.20
4 Updating Records	5.70	5.70	4.80	7.90	4.80	3.80	3.40
	<u>22.10</u>	<u>22.10</u>	<u>21.30</u>	<u>27.90</u>	<u>21.10</u>	<u>18.20</u>	<u>15.50</u>
5 Collecting Delinquent Fees	-	5.50	6.10	6.10	7.10	7.80	6.90
6 Providing Refunds	-	5.40	4.40	6.40	4.90	4.70	4.10
	<u>-</u>	<u>10.90</u>	<u>10.50</u>	<u>12.50</u>	<u>12.00</u>	<u>12.50</u>	<u>11.00</u>
Total Claimed - Activities 1-6	<u>22.10</u>	<u>33.00</u>	<u>31.80</u>	<u>40.40</u>	<u>33.10</u>	<u>30.70</u>	<u>26.50</u>

Reimbursable Activity	Allowable						
	FY 1998 Through FY 2000-01	FY2001-02 Through FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	1 Referencing Students Accounts	0.69	0.69	0.69	0.69	0.69	0.69
2 Calculating the Fee	0.69	0.69	0.69	0.69	0.69	0.69	0.69
3 Answering Questions	0.69	0.69	0.69	0.69	0.69	0.69	0.69
4 Updating Records	0.69	0.69	0.69	0.69	0.69	0.69	0.69
	<u>2.76</u>	<u>2.76</u>	<u>2.76</u>	<u>2.76</u>	<u>2.76</u>	<u>2.76</u>	<u>2.76</u>
5 Collecting Delinquent Fees	-	5.50	6.10	6.10	7.00	7.80	6.90
6 Providing Refunds	-	5.40	4.40	6.40	4.90	4.70	4.10
	<u>-</u>	<u>10.90</u>	<u>10.50</u>	<u>12.50</u>	<u>12.00</u>	<u>12.50</u>	<u>11.00</u>
Total Allowable - Activities 1-6	<u>2.76</u>	<u>13.66</u>	<u>13.26</u>	<u>15.26</u>	<u>14.66</u>	<u>15.26</u>	<u>13.76</u>
Audit adjustment - time increments	<u>(19.34)</u>	<u>(19.34)</u>	<u>(18.54)</u>	<u>(25.14)</u>	<u>(18.44)</u>	<u>(15.44)</u>	<u>(12.74)</u>

Calculation of Multiplier Adjustment

The following table summarizes the claimed, allowable, and adjustment amounts for the multiplier for each reimbursable activity that took place at the district during the audit period for reimbursable Activities 1 through 6:

Reimbursable Activity	Claimed Multiplier	Allowable Multiplier	Adjusted Multiplier
1	1,091,346	1,043,307	(48,039)
2	835,267	419,002	(416,265)
3	1,091,346	1,043,307	(48,039)
4	1,006,268	419,002	(587,266)
5	6,431	6,431	-
6	53,927	53,927	-
	<u>4,084,585</u>	<u>2,984,976</u>	<u>(1,099,609)</u>

Calculation of Hours Adjustments

We multiplied the allowable minutes per activity by the multiplier for the reimbursable activities (as identified in the table above) to determine the number of allowable hours for reimbursable Activities 1 through 6.

The following table summarizes the claimed and allowable hours for the audit period:

Reimbursable Activity	Claimed Hours	Allowable Hours	Adjusted Hours
1	96,832.47	11,998.04	(84,834.43)
2	71,631.65	4,818.52	(66,813.13)
3	104,023.88	11,998.04	(92,025.84)
4	92,815.79	4,818.52	(87,997.27)
5	698.05	698.05	-
6	4,541.31	4,541.31	-
	<u>370,543.15</u>	<u>38,872.48</u>	<u>(331,670.67)</u>

Calculation of Costs by Reimbursable Activities

For Activities 1 and 3, we multiplied the allowable minutes by net student enrollment to determine the number of hours spent to perform the activities for FY 1998-99 through FY 2010-11. We then multiplied the hours spent times the audited average productive hourly rates to determine allowable costs for salaries and benefits. We determined net student enrollment by excluding non-residents and special part-time students from total student enrollment. The CCCCO's management information system (MIS) identifies enrollment information based on student data that the district reported. The CCCCO identifies the district's enrollment based on the CCCCO's MIS data element STD 7, codes A through G. The CCCCO eliminates any duplicate students based on their Social Security numbers. We also took into account the number of students who paid their enrollment fees using the district's on-line system or by telephone based on a report that was prepared for us by district staff.

For Activities 2 and 4, we multiplied the allowable minutes by the adjusted net student enrollment to determine the number of hours spent to perform the activities for FY 1998-99 through FY 2010-11. We then multiplied the hours spent times the audited productive hourly rates to determine allowable costs for salaries and benefits. To determine adjusted net student enrollment, we deducted from net student enrollment the number of students who were exempt from paying enrollment fees because they received a BOGG fee waiver. We obtained the number of students in the district who received BOGG fee waivers each year from the CCCCO based on data the district reported. The CCCCO identifies the unduplicated number of BOGG recipients by term based on MIS data element SF21 and all codes with the first letter of B or F.

We applied the audited average productive hourly rates to the allowable hours per reimbursable activity. We determined that salaries and benefits totaling \$873,378 are allowable and \$9,687,376 is unallowable.

The following table summarizes the claimed and allowable salary and benefit costs by reimbursable activity for the audit period:

Reimbursable Activity	Salaries and Benefits Claimed	Salaries and Benefits Allowable	Audit Adjustment
1	\$ 2,788,628	\$ 271,911	\$ (2,516,717)
2	1,998,413	99,108	(1,899,305)
3	3,005,841	271,911	(2,733,930)
4	2,598,600	99,108	(2,499,492)
5	24,101	18,634	(5,467)
6	145,171	112,706	(32,465)
	<u>\$ 10,560,754</u>	<u>\$ 873,378</u>	<u>\$ (9,687,376)</u>

Recommendation

We recommend that the district ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

District's Response

The draft audit report states that the district claimed \$10,560,754 in salaries and benefits for the staff time to calculate and collect enrollment fees, of which \$873,378 is allowable and \$9,687,376 is unallowable. The costs are disallowed for several reasons because the audit:

- rejects the District calculation of the average staff time required to perform the reimbursable activities and substitutes the auditor's own time-study;
- rejects the enrollment data reported by the District and substitutes the enrollment data the auditor obtained from the California Community College Chancellor's Office (CCCCO);
- removes from the workload calculation the number of students who paid their enrollment fees online rather than in person; and,
- adjusts the average staff salary and benefit amounts used to calculate the productive hourly rates.

A. Average activity time

For the six activities in the Enrollment Fee Collection (EFC) cost component, district staff implementing the mandate individually reported an average time in minutes to perform each activity using forms provided by our mandate consultant. These certified good faith estimates were averaged for similar job positions to establish one average time for each activity. The total of the average times for the six activities ranged from 26.50 to 40.40 minutes over the audit period. These times are multiplied by relevant enrollment or other workload statistics and then multiplied by relevant staff productive hourly rates.

The draft audit concludes that these good faith estimates are not acceptable "source documentation" of "actual costs" and rejects the time estimates for four of the six activities. The audited total of the average times for the six activities ranges from 13.66 to 15.26 minutes over the audit period. This is the major source of the cost adjustment. The audit "time study" for the four activities is based on observing some of the enrollment fee collection process in the Bursar's Office. The auditor observed 178 transactions, of which 78 involved payment of enrollment fees. By comparison, the District reported about one million enrollment fee collection transactions for the audit period. For this reason, and many others, the auditor's observation process does not constitute a representative "time study" sample.

For the remaining two activities (5 and 6), which were not observed by the auditor, the average times were accepted by the auditor.

B. Workload multipliers

The average staff time for each activity is multiplied by a specific workload factor for each activity to determine the claimable staff time. Both the District and the auditor used this method. For four of the activities the workload multipliers rely upon enrollment statistics with relevant adjustments. As a matter of Controller policy, the audit utilized data obtained from the Chancellor's Office which the auditor modified for different categories of special admission students. Thus, there was no point for the District to dispute the findings since they are a matter of policy and not subject to individual auditor discretion. This is a matter of statewide concern that can only be resolved by an incorrect reduction claim.

There is the related workload multiplier issue of the number of "online" (internet or phone) transactions. When this program became a mandate in FY 1998-99, there was no significant online activity, and so was not factored into the annual claims. However, District data processing staff was able to provide a reasonable estimate of the percentage of online transactions retroactive to FY 2001-02, when the Banner System was established. We also stipulated to a percentage for years prior to FY 2001-02. However, the audit does not include any replacement costs for the online fee collection process in mitigation of this adjustment.

The workload multipliers were accepted by the auditor for the remaining two activities (5 and 6).

C. Productive hourly rates

The salary and benefits productive hourly rate is multiplied by the product of the average staff time per activity and relevant workload multiplier. The draft audit concludes that the District overstated the productive hourly rates because the District did not weight the average rates for each activity. This is discussed at Finding 6.

D. Legal basis for the adjustments

The draft audit report states that the legal basis for these adjustments is the documentation standard contained in the mandate program parameters and guidelines:

The program's parameters and guidelines (section IV-Reimbursable Activities) state "To be eligible for mandated cost reimbursement, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records, lime logs, sign-in sheets, invoices, and receipts."

Thus, the nature and quality of the source documents, as perceived by the auditor, are the stated legal basis for disallowing the District time estimates, workload statistics, and productive hourly rates. It should be remembered that the parameters and guidelines were adopted January 26, 2006, which is seven years after the first fiscal year in the audit period. Regardless, by substituting its own time study for four of the activities, the Controller is validating the concept of using average times as an acceptable method for the calculation of the mandate costs. The difference becomes one of fact, how much time to allow for each activity. Also, by accepting the District's reported time and workload statistics for the remaining two activities, the Controller is validating the District's good faith method and the mandate consultant's forms as an acceptable method for estimating average time.

SCO's Comments

The finding and recommendation remain unchanged.

The district addresses four specific issues in its response to Finding 1, specifically:

- A. Average activity time,
- B. Workload multipliers,
- C. Productive hourly rates, and
- D. Legal basis for the adjustments.

We will address our comments in the same order as presented by the district.

Average activity time

The district makes reference to "good faith estimates" provided in support of the average activity time required to perform the reimbursable activities. However, estimates, whether provided in good faith or not, are not in compliance with the adopted parameters and guidelines. The district's mandated cost consultant developed the employee survey forms. Annual survey forms were completed by an average of 73 employees for enrollment fee collection activities for the audit period. Staff members who completed the survey forms estimated the amount of time required to complete various activities. The times recorded by the employees surveyed to complete reimbursable activities 1-4 varied in length as follows:

- Activity 1 (Reference student accounts) – 1 to 60 minutes

- Activity 2 (Calculate/collect enrollment fee) – 1 to 30 minutes
- Activity 3 (Answer student questions) – 1 to 60 minutes
- Activity 4 (Updating student records) – 1 to 38 minutes

The consultant took the time recorded on the survey forms and divided it by the number of responses without verifying the time recorded on the survey forms. All responses were given equal weight even though all employees surveyed did not perform the mandated activities at the same level. In addition, some employees surveyed worked in the district's Financial Aid Office and did not perform the activities of calculating and collecting enrollment fees from students. The district also mentions that the "good faith estimates" were "certified." However, these are corroborating documents. Section IV of the parameters and guidelines also states:

Evidence corroborating the source documents may include, but is not limited to worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Civil Code of Procedure section 2105.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. *However, corroborating documents cannot be substituted for source documents [emphasis added].*

As a result, *all* costs were unallowable as claimed because, by substituting corroborating documents for source documents, they were not supported in compliance with the documentation requirements stipulated in Section IV of the parameters and guidelines.

As the mandated activities took place at the district during the audit period, we assessed whether or not the time estimates cited by district staff were reasonable by conducting observations of district staff performing the reimbursable activities for calculating and collecting enrollment fees. We also held discussions with district staff to determine the procedures that they followed to conduct the reimbursable activities. As a result of our observations and discussions, we determined that the time increments claimed for the first four reimbursable activities (reimbursable activities to reference a student account, calculate the fee, answer questions, and update student records) were unreasonable and excessive. For example, while the district claimed time increments totaling as high as 27.9 minutes for these four activities to collect enrollment fees for each student, we observed that it only took 2.76 minutes to perform these activities. In addition, the activities to calculate the fee and update student records are performed automatically by the district's computerized systems and require little, if any, involvement by district staff.

The district states that the number of observations we made of district staff performing the reimbursable activities was insufficient in scope. However, our auditors spent a week at the district's Admissions and Records and Bursar's Office observing students paying all manner of

fees owed to the district. The district states that it performed "one million enrollment fee collection transactions for the audit period," although the district did not provide any source documentation to support the time required to perform any of these transactions. Instead, all time increments were supported only by estimates. Our observation results provided actual source documentation for the reimbursable activities and formed a reasonable basis on which to calculate allowable costs.

We first discussed the results of our observations with district management on October 14, 2011. At that meeting, we advised the district that its claims were supported only by estimates and were, therefore, unallowable as claimed. We also advised the district that it could perform a time study to provide actual source documentation for its claims. The district has had more than 20 months before the draft report was issued to perform its own time study, but declined to do so. We performed observations of district staff calculating and collecting fees during January of 2012, and advised district management of our observation results on March 8, 2012. We also advised the district of our intent to apply the observation results to the entire audit period in the absence of source documentation. Therefore, the district has had ample time within which to provide its own actual source data upon which to base allowable costs.

Workload multipliers

The district is correct when it states that we use student enrollment data for the district that we obtained from the California Community Colleges Chancellor's Office (CCCCO). This data is based upon student enrollment information that the district reported and was adjusted by the CCCCCO to remove duplicate students from the data. The district states that we "modified" the data as a matter of policy. However, we adjusted student enrollment based upon the requirements contained in the parameters and guidelines, (Section IV.A.2.a – Reimbursable Activities – Enrollment Fee Collection – Ongoing Activities) which state that costs incurred to collect enrollment fees from nonresidents and special part-time students cited in Education Code section 76300, subdivision (f) are not reimbursable. Therefore, we adjusted student enrollment numbers obtained from the CCCCCO based upon these requirements.

The district is also correct that we adjusted the multiplier calculation based upon the number of students who paid their enrollment fees in person versus online or through a telephone payment system. The district acknowledges that they gave no significance to fees paid online or through a telephone payment system when preparing its claims. As a result, the district incorrectly claimed costs for fee payments that did not require the involvement of district staff. However, the district did prepare a report during audit fieldwork allocating the number of fees paid online, via telephone, and in person during the audit period. We made our request for this report when we issued our audit start letter on September 1, 2011. The district did not provide this data to us until January 31, 2013.

The district states that "the audit does not include any replacement costs for the online fee collection process in mitigation of this adjustment."

However, it is not SCO's responsibility to prepare documentation to support mandated costs incurred by the district. This is the responsibility of the district. We encouraged the district to provide support for any additional costs incurred to comply with the mandated activities throughout the course of our audit fieldwork. However, the district did not provide any information supporting "replacement costs" or indicated that it would provide such information. The district did not provide any additional support in its response to the draft audit report.

Productive Hourly Rates

The issue of overstated productive hourly rates is discussed in Finding 6.

Legal Basis for the Adjustments

Our draft audit report is correct when it states that the documentation standards for costs claimed under the Enrollment Fee Collection and Waivers Program are contained in the parameters and guidelines. The parameters and guidelines were adopted by CSM on January 26, 2006, and allowed claims to be filed commencing with FY 1998-99. The SCO's initial set of claiming instructions for this mandated program were issued in April of 2006, and the district filed its initial claims for this program on August 9, 2006. While the district is correct that the parameters and guidelines were adopted seven years after the first fiscal year of the audit period for which costs could be claimed, that issue is irrelevant for the purposes of providing actual cost documentation. The district could have developed actual cost documentation and/or performed a time study of activities actually being performed to support its claims. However, the district did not do this for *any* fiscal year of the audit period and opted to base claimed costs on estimates of reimbursable activities. As a result, the district's claims were never in compliance with the parameters and guidelines at any time during the audit period regarding source documentation. The district even acknowledges in its response that its claims were based on "good faith estimates," some of which were determined to be unreasonable and excessive, as noted previously.

The district states that we are substituting our own time study for four of the reimbursable activities. This statement is incorrect, as the district did not conduct its own time study. Instead, the district conducted a time survey based on estimates of time provided by district staff on forms provided by the district's mandated cost consultant. Therefore, there was no time study for us to "substitute," as the district suggests. We determined the reasonableness of the time estimates claimed by the district for the first four reimbursable activities by observing district staff as they performed these activities. As noted previously, our observations confirmed that these time increments claimed were unreasonable and excessive. However, we concluded that the time claimed for reimbursable activities 5 and 6 (collecting delinquent enrollment fees and providing refunds for students who subsequently received fee waivers after paying their enrollment fees) were reasonable based upon our observations of the activities being performed at the district and discussions with district representatives. The district believes that our acceptance of the time claimed for these two activities validates the

methodology that it used for all of the other activities as well. However, our acceptance of the time claimed for activities 5 and 6 was not based upon our acceptance of the district's methodology. Instead, it was based upon our determination that the time claimed was reasonable, whereas we determined that the time increments claimed for the first four activities was unreasonable.

**FINDING 2—
Enrollment Fee
Waivers: Adopting
Procedure, Recording
Maintaining Records
cost component—
unallowable ongoing
costs**

The district claimed \$18,125 in salaries and benefits related to adopting procedures, recording, and maintaining records related to enrollment fee waivers. We determined that \$8,591 is allowable and \$9,534 is unallowable. Initially, the entire amount was unallowable because costs were based on estimates of time to perform the reimbursable activities.

We worked with the Director of Financial Aid to determine the tasks involved during the audit period to perform the reimbursable activities to adopt new district procedures based on changes in eligibility for BOGG fee waivers and to purge old and store new BOGG fee-waiver records, and the time required to complete them. The Director explained that the costs originally claimed for FY 2010-11 included time spent on non-reimbursable activities such as reporting to the President's Office, reporting on the impact of the Dream Act, and various other non-reimbursable activities.

Based on our interviews with the Director of Financial Aid, we determined the following employee classifications and allowable hours for the reimbursable activity of Adopting Procedures:

FY 1999-2000 through FY 2010-11

- 10 hours for the Director of Financial Aid classification
- 3 hours for the Financial Aid Specialist classification

For the reimbursable activity of Recording and Maintaining Records, we determined that 3 hours were allowable for the Financial Aid Specialist classification.

We applied the audited productive hourly rates to the allowable hours per classification to determine allowable costs.

The following table summarizes the claimed, allowable, and audit adjustment amounts related to adopting procedures, recording, and maintaining records related to enrollment fee waiver costs:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Amount Allowable</u>	<u>Audit Adjustment</u>
Salaries and benefits:			
1999-00	\$ -	\$ 529	\$ 529
2000-01	-	573	573
2001-02	-	607	607
2002-03	-	657	657
2003-04	-	710	710
2004-05	-	739	739
2005-06	-	748	748
2006-07	-	808	808
2007-08	-	883	883
2008-09	-	824	824
2009-10	-	663	663
2010-11	<u>18,125</u>	<u>850</u>	<u>(17,275)</u>
Total, salaries and benefits	<u>\$ 18,125</u>	<u>\$ 8,591</u>	<u>\$ (9,534)</u>

The parameters and guidelines (section IV–Reimbursable Activities) require claimed costs to be supported by source documents that were created at or near the same time the actual cost was incurred for the event or activity in question. (See Finding 1 for the specific language).

The parameters and guidelines (section V.A.1–Claim Preparation and Submission–Direct Cost Reporting–Salaries and Benefits) require claimants to “Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate. Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.”

The parameters and guidelines (section IV.B.2.a–Reimbursable Activities–Enrollment Fee Waivers–Ongoing Activities) allow ongoing activities related to the following:

Adopting procedures that will document all financial assistance provided on behalf of students pursuant to chapter 9 of title 5 of the California Code of Regulations; and including in the procedures the rules for retention of support documentation that will enable an independent determination regarding accuracy of the districts certification of need for financial assistance.

Recording and maintaining records that document all of the financial assistance provided to students for the waiver of enrollment fees in a manner that will enable an independent determination of the district’s certification of the need for financial assistance.

Salaries and Benefits

Recommendation

We recommend that the district ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

District's Response

The draft audit report states that the district claimed \$18,125 in salaries and benefits for the staff cost to adopt procedures, recording, and maintaining waiver records and statistics, of which \$8,591 is allowable and \$9,534 is unallowable. All of the amounts reported by the District for FY 1999-00 through FY 2009-10 were approved. The costs reported for FY 2010-11 were substantially disallowed because staff time was included for activities not related to the mandate. The District does not dispute this adjustment at this time.

SCO's Comment

The finding and recommendation remain unchanged.

**FINDING 3—
Enrollment Fee
Waivers: Waving
Student Fees cost
component—
unallowable ongoing
costs**

The district claimed \$4,285,990 in salaries and benefits for the Waiving Student Fees cost component during the audit period in accordance with Education Code section 76300, subdivisions (g) and (h), and waiving student fees for students who apply for and are eligible for BOGG fee waivers. We determined that \$236,628 is allowable and \$4,049,362 is unallowable. The costs are unallowable because the district estimated the amount of time required to perform the reimbursable activities. In addition, we noted variations in the number of students used in the district's calculations based on data the district reported to the CCCC. We also made adjustments to the average productive hourly rates used in the district's claims.

The following table summarizes the overstated ongoing costs related to waiving student fees by fiscal year:

	Amount Claimed	Amount Allowable	Audit Adjustment
Salaries and benefits:			
1999-00	\$ 120,363	\$ 5,025	\$ (115,338)
2000-01	150,225	5,715	(144,510)
2001-02	285,123	6,908	(278,215)
2002-03	267,027	13,463	(253,564)
2003-04	326,672	14,826	(311,846)
2004-05	331,117	18,250	(312,867)
2005-06	466,102	23,385	(442,717)
2006-07	279,745	24,409	(255,336)
2007-08	911,514	28,677	(882,837)
2008-09	578,134	28,125	(550,009)
2009-10	211,032	31,120	(179,912)
2010-11	358,936	36,725	(322,211)
Total, salaries and benefits	\$ 4,285,990	\$ 236,628	\$ (4,049,362)

The parameters and guidelines (section IV.B.2.b–Reimbursable Activities–Enrollment Fee Waivers–Ongoing Activities) allow the following ongoing reimbursable activities:

- A. Waiving student fees in accordance with groups listed in Education Code section 76300, subdivisions (g) and (h). Waiving fees for students who apply for and are eligible for BOG fee waivers.
 - i. Answering student’s questions regarding enrollment fee waivers or referring them to the appropriate person for an answer. [Activity 7]
 - ii. 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. [Activity 8]
 - iii. 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., Free Application for Federal Student Aid (FAFSA), and other records. [Activity 9]
 - iv. 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. [Activity 10]
 - v. 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. [Activity 11]
 - vi. In the case of a denied application, reviewing an evaluating additional information and documentation provided by the student if the denial is appealed by the student. Provide written notification to the student of the results of the appeal or any change in eligibility status. [Activity 12]

The parameters and guidelines (section IV–Reimbursable Activities) require claimed costs to be supported by source documents that were created at or near the same time that actual costs were incurred for the event or activity in question. (See Finding 1 for the specific language.)

The parameters and guidelines (section V.A.1–Claim Preparation and Submission–Direct Cost Reporting–Salaries and Benefits) state that salaries and benefits are reimbursable if claimants “Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate. Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.”

Salaries and Benefits

The district claimed salaries and benefits during the audit period to waive student fees in accordance with groups listed in Education Code section 76300, subdivisions (g) and (h) and to waive fees for students who apply for and are eligible for BOGG fee waivers. For FY 1999-2000 through FY 2010-11, the district claimed salaries and benefits for the six reimbursable activities under the Waiving Student Fees cost component using time allowances developed from estimated time it took staff to complete various activities through the use of employees' annual survey forms. For FY 1999-2000 through FY 2010-11, employees estimated the average time in minutes it took them to perform the six reimbursable activities per student per year on certification forms developed by the district's mandated cost consultant. The district did not provide any source documentation based on actual data to support the estimated time allowances.

The following table summarizes the minutes claimed for reimbursable activities 7 through 12:

Reimbursable Activity	Claimed						
	FY 1999-2000 Through FY 2000-01	FY 2001-02 Through FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	7 Answering questions	5.60	5.60	3.40	5.80	3.10	3.50	4.10
8 Receiving applications	8.40	8.40	4.40	15.40	5.70	5.30	5.50
9 Evaluate applications	10.10	10.10	3.80	9.40	4.30	3.60	8.30
10 Incomplete applications - notification	-	9.90	4.50	12.40	4.60	-	-
11 Approved applications	12.50	12.50	5.40	16.10	5.40	4.30	8.70
12 Review waiver denials appealed by students	-	14.30	5.50	8.40	6.60	-	-
	36.60	60.80	27.00	67.50	29.70	16.70	26.60

As the mandated activities took place at the district during the audit, we assessed whether or not the time estimates cited by district staff for FY 1999-2000 through FY 2010-11 were reasonable. We held discussions with various district representatives in order to determine the procedures that district staff followed to perform the reimbursable activities. We observed district staff in the Financial Aid Office that processes students' BOGG fee waiver applications. We documented the average time increments spent by district staff to perform these activities based on our observations.

In applying the time allowances, the district did not report the correct number of students who received BOGG fee waivers. We recalculated reimbursable activities using the correct number of students who received BOGG fee waivers (multiplier). We also made adjustments to the average productive hourly rates that were used in the district's claims. Based on this information, we determined that the district overstated salaries and benefits by \$4,049,362 for the audit period.

Activities 7 through 12—BOGG Fee Waiver Application Processing—General Information

According to the district's website <http://financialaid.fullcoll.edu/bogfw11-12.html>, the various BOGG fee waivers that may be granted are as follows:

The BOGFW offers waivers of tuition fees and a discounted parking permit fee.

BOGG waiver A: For dependent students whose parents are receiving cash assistance from: TANF/CalWORKs, SSI/SSP, General Assistance. Eligible dependent of a United States Veteran For dependent students of qualified Veterans, Congressional Medal of Honor recipients; Victims of the September 11, 2001, terrorist attack; and deceased law enforcement/fire personnel killed in the line of duty. Dependent students of a deceased law enforcement/fire suppression personnel killed in the line of duty.

Special Classification BOGG waiver: Proof of eligibility from the appropriate district is required.

BOGG waiver B: For low income students. It is based on the previous year's income. If students do not meet the independent criteria, they will use their parents' income to qualify.

BOGG waiver C: eligibility is determined by filing a FAFSA (Free Application for Federal Student Aid) application. Once the district receives a valid SAR (Student Aid Report), the student will automatically be considered for a BOGW.

We determined that the district may process some students multiple times if the student first applies for a BOGG fee waiver and is denied for BOGG fee waiver A or BOGG fee waiver B. In addition, district staff will have little or no involvement with students who use the district's online BOGW application process or the FASFA online process for BOGG fee waiver C. For FY 1999-2000 through FY 2004-05, all applications were received in paper form and manually processed by district staff. Students were able to apply for BOGG fee waivers online beginning in FY 2005-06.

For BOGG fee waiver A, students may apply online or in person. However, whether students apply online or in person, the student still must bring in proof of benefits received to the Financial Aid Office.

For special-classification BOGG waivers, the staff time involvement is similar to the BOGG A fee waiver, as described above. Students must bring in proof of eligibility to the Financial Aid and Scholarship Office.

For BOGG fee waiver B, only students who are dependents must bring in a parent signature page. However, if the student is independent and qualifies based on income requirements, there is no staff time involved to process this application. For these students, the system automatically approves the BOGG fee waiver. Once the BOGG waiver is granted, students receive an automatic notice through their online "myGateway" school account.

For BOGG fee waiver C, students may initially apply for BOGG fee waiver A or B and be denied. If the student does not qualify for a BOGG fee waiver, the student is asked to apply for financial aid. A BOGG fee waiver C may then be granted through the FAFSA application process. There are no additional documentation requirements for the BOGG fee waivers granted through the FAFSA. However, there

are additional FAFSA documentation verification requirements, such as maintaining a certain GPA, verifying tax returns, and verifying maximum units taken. After the FAFSA requirements have been reviewed, staff reviews specific information in order to grant a BOGG fee waiver if the student qualifies and one has not already been automatically granted. The increased staff involvement for the BOGG fee waiver in this case occurs after the FAFSA requirements have been reviewed.

Most students apply online for the BOGG fee waiver through the FAFSA. To apply for the BOGG fee waiver, students access the application through "myGateway" by clicking on the financial aid link on "Webstar." We were given an overall step-by-step overview of how district staff processes BOGG fee waiver applications and reviews supporting documentation through the FAFSA documentation verification process.

The financial aid verification process is mandated by the U.S. Department of Education. Community College Districts are required to verify at least 50% of the financial aid applications for eligibility of federal aid. The Director of Financial Aid indicated that the district strives to verify no less than 70% of the financial aid applications because of the potential liability to the college. At the completion of the financial aid verification process, district staff verifies eligibility for a BOGG fee waiver and/or ensures that a BOGG fee waiver has been posted or granted, if the student is eligible. Therefore, at least 70% of the BOGG fee waiver applications are verified for eligibility. The financial aid staff may also answer student questions regarding the BOGG fee waiver when calling students in regard to the financial aid application.

The district also has a dedicated online BOGG fee waiver application. The application is a protected link, accessible only once the student logs in via the "myGateway" student portal. This is used for BOGG A, BOGG B and BOGG F (Special Classifications) waivers.

Activity 7—Answering student questions

We observed Student Hourly staff, Clerical Assistants, Financial Aid Technicians, and a Financial Aid Specialist helping students who applied in person for a BOGG fee waiver. At the front counters, staff answer BOGG fee waiver questions and direct students to fill out the BOGG fee waiver application online at a computer located adjacent to the counter. Financial Aid staff at the back counters of the Financial Aid Office evaluate BOGG fee waiver supporting documents, notify students by email of approved, incomplete, and denied applications, and call students to obtain additional information.

Activity 8—Receiving enrollment fee waiver applications

The district received paper BOGG Fee waiver applications up to FY 2004-05. Currently, the district may receive BOGG fee waiver applications through the district's BOGW online system or through the FAFSA website. All of the BOGG fee waivers currently processed by the district are through the district's BOGW online system and through the FAFSA website.

Activity 9–Evaluating waiver applications and verifying documentation

The Financial Aid Technicians and Financial Aid Specialist evaluated and processed the paper BOGG fee waiver applications prior to FY 2004-05. Beginning in FY 2005-06, the BOGG fee waivers were automated.

The automated BOGG fee waiver applications approved online with no documentation requirements are not evaluated by district staff. However, the Financial Aid Technicians and Financial Aid Specialists evaluate BOGG fee waiver supporting documents on an ongoing basis. In addition, the Financial Aid Technicians and Financial Aid Specialists evaluate FAFSA applications throughout the year. Therefore, while evaluating the financial Aid requirements, district staff also verifies BOGG fee waiver eligibility.

Furthermore, if a student makes an error while completing the online BOGG fee waiver application, the district requires the student to provide proof (documentation) in order to correct the error. Once the proper documentation is provided, staff is able to “reset” a new BOGG fee waiver online application for the student to complete again.

Activity 10–Notifying students of additional required information, in the case of an incomplete application

Financial Aid Office staff indicated that students can't finish the application if they don't answer all the questions. The district uses “myGateway,” which is the district's student portal system. At the end of the BOGG fee application process, students receive either a congratulations notification or an “I'm sorry, you don't qualify” notification. Most students initiate communication with district staff if the BOGG fee waiver has not been granted or posted. Staff may access a student's computer file and view prior comments or notes and inform students of any additional required information.

As noted above, if a student makes an error on the online BOGG fee waiver application, the district requires the student to provide proof (documentation) in order to correct the error. Once the proper documentation is provided, staff is able to “reset” a new BOGG fee waiver online application for the student to complete again.

Activity 11–Copying all documentation and file the information for further review, in the case of an approved application

We observed staff accepting BOGG fee waiver supporting documents (Activity 8), evaluating applications and supporting documents for eligibility (Activity 9), copying all supporting documents, and filing the information for further review (Activity 11). If the district determined that the student is eligible for a BOGG fee waiver, staff post the fee waiver and create a “budget” for the student.

In addition, during the FAFSA application process, the student's information is loaded into the district's student database from the FAFSA website. During the FAFSA application process, staff briefly

reviews student information to determine if the student is eligible for a BOGG fee waiver. If the student is eligible for a BOGG fee waiver, staff posts the BOGG waiver to the student's account.

Activity 12—Appealing a denied BOGG fee waiver application

District staff explained that the district does not have a formal appeal process for denied BOGG fee waiver applications. According to the Financial Aid Director, there are very few denials. The denials usually result because the student's and/or parent(s)' income exceeds the eligibility threshold. If the waiver is denied, students are instructed to apply for financial aid using the FAFSA website.

Time Increments

Using certification forms developed by the district's mandated cost consultant, district employees estimated the time required to perform the reimbursable activities. Based on these certifications, the district developed per-student time allowances of 36.60 minutes for FY 1999-2000 through FY 2000-01, 60.80 minutes for FY 2001-02 through FY 2005-06, 27.0 minutes for FY 2006-07, 67.50 minutes for FY 2007-08, and 29.70 minutes for FY 2008-09, 16.70 minutes for FY 2009-10, and 26.6 minutes for FY 2009-10.

We determined that the time allowances claimed for these activities were overstated for the entire audit period. We held discussions with various district representatives during the audit in order to determine the procedures district staff followed to perform the reimbursable activities. We observed district staff in the Financial Aid Office performing the reimbursable activities and other non-mandated activities. We documented the average time increments spent by district staff for the reimbursable activities. Over several days, we observed 225 enrollment fee waiver transactions processed by district staff encompassing Activities 7 through 11 totaling 232.7 minutes. The average time to perform all five activities was 2.60 minutes or 0.52 minutes per activity. The Office Supervisors were encouraged to watch over the auditors while our observations were being documented. We documented the average time increments spent by district staff to perform the reimbursable activities based on our observations. We reviewed the observations as they took place with the Office Supervisors. The district's mandated cost consultant and District management staff advised the Office Supervisors and the college campus staff not to comment on any of our analysis results, determinations, or observations. In addition, the District Director of Fiscal Affairs advised us not to discuss our audit results with management or any other campus staff.

In order to provide an actual cost basis on which to determine allowable costs for the district's claims, we applied the results of our observations to all years of the audit period.

Multiplier Calculation

For Activities 7 through 12, the district claimed costs by multiplying the number of BOGG fee waivers based on district records by a uniform time allowance and an annual average productive hourly rate. For Activities 7, 8, and 9, the district used the number of students who received a BOGG fee waiver plus the number of denied and incomplete BOGG fee waiver applications as the multiplier. For Activity 10, the district used the number of incomplete BOGG fee waiver applications at the end of the year. For Activity 11, the district used the number of students who received a BOGG fee waiver. For Activity 12, the district used the same number of BOGG fee waivers that were incomplete at the end of the year as the number of applications that were appealed by students for incorrect information.

For Activities 7, 8, 9, and 10, we applied the time required to perform the reimbursable activities by the number of students who received BOGG fee waivers, according to statistics provided by the CCCCCO. Using data that the district reported, the CCCCCO identified the unduplicated number of BOGG recipients by term based on MIS data element SF21 and all codes with the first letter of B or F. For Activities 7 through 10, we adjusted the CCCCCO information by including students whose fee waiver applications were incomplete at the end of the year.

For Activity 10 (incomplete BOGG fee waiver applications), we applied the time increments to the number of incomplete BOGG fee waiver applications at the end of the year claimed by the district and included the number of students who received BOGG fee waivers, according to statistics provided by the CCCCCO. This represents the maximum number of incomplete applications that may have been processed by district staff throughout the year.

For Activity 11 (approved BOGG fee waiver applications) we applied the time required to perform the reimbursable activity by the number of students who received BOGG fee waivers according to statistics provided by the CCCCCO. Using data that the district reported, the CCCCCO identifies the unduplicated number of BOGG recipients by term based on MIS data element SF21 and all codes with the first letter of B or F.

For Activity 12 (appeals of denied BOGG fee waiver applications) we did not apply any time increments to the number of student appeals of denied BOGG fee waiver applications claimed by the district. As noted previously, the district does not have any process in place to review denied BOGG fee waiver applications. Rather than conduct a review of denied BOGG fee waivers, students are instructed to apply for Financial Aid.

Calculation of Time Increments Adjustment

The following table summarizes the minutes claimed and allowable for reimbursable Activities 7 through 12:

Reimbursable Activities	Claimed						Allowable	
	FY 1999-2000	FY2001-02					FY 1999-2000	
	Through	Through	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	Through	
	FY 2000-01	FY 2005-06				FY 2010-11	FY 2010-11	
7 Answering questions	5.60	5.60	3.40	5.80	3.10	3.50	4.10	0.52
8 Receiving applications	8.40	8.40	4.40	15.40	5.70	5.30	5.50	0.52
9 Evaluate applications	10.10	10.10	3.80	9.40	4.30	3.60	8.30	0.52
10 Incomplete applications - notification	-	9.90	4.50	12.40	4.60	-	-	0.52
11 Approved applications	12.50	12.50	5.40	16.10	5.40	4.30	8.70	0.52
12 Review waiver denials appealed by students	-	14.30	5.50	8.40	6.60	-	-	-
	<u>36.60</u>	<u>60.80</u>	<u>27.00</u>	<u>67.50</u>	<u>29.70</u>	<u>16.70</u>	<u>26.60</u>	<u>2.60</u>

Note: Numbering is used to facilitate referencing to individual reimbursable activities.

Calculation of Multiplier Adjustment—Number of BOGG Fee Waivers

The following table summarizes the claimed and allowable, and adjustment amounts for the multiplier for each reimbursable activity that took place at the district for reimbursable Activities 7 through 12:

Reimbursable Activity	Claimed Multiplier	Allowable Multiplier	Adjusted Multiplier
7	274,891	267,412	(7,479)
8	274,891	267,412	(7,479)
9	274,891	267,412	(7,479)
10	10,937	267,412	256,475
11	263,954	256,475	(7,479)
12	10,937	-	(10,937)
	<u>1,110,501</u>	<u>1,326,123</u>	<u>215,622</u>

Productive Hourly Rates

The district also overstated the average productive hourly rates used for Activities 7 through 12 in its claims for the audit period. The district's average productive hourly rates included staff that did not perform Activities 7 through 12 and excluded staff that did perform the reimbursable activities. We determined that the staff excluded was employees that did not receive a time survey form. In addition, the district did not weigh the average rate by employee classification. Instead, all employee classifications were weighted at the same level as if they performed the reimbursable activities to the same extent. As explained in Finding 6, we recalculated the average productive hourly rates based on actual employees involved in waiving student fees activities and made minor changes to the claimed rates.

Calculation of Hours Adjustments

We multiplied the allowable minutes per reimbursable activity by the multiplier for the reimbursable activities (as identified in the table above) to determine the number of allowable hours for reimbursable Activities 7 through 12.

The following table summarizes the claimed and allowable hours by reimbursable activity for the audit period:

Reimbursable Activity	Hours Claimed	Hours Allowable	Adjusted Hours
7	21,409.76	2,317.58	(19,092.18)
8	35,806.54	2,317.58	(33,488.96)
9	35,224.54	2,317.58	(32,906.96)
10	1,637.41	2,317.58	680.17
11	43,627.15	2,222.77	(41,404.38)
12	2,124.62	-	(2,124.62)
	<u>139,830.02</u>	<u>11,493.09</u>	<u>(128,336.93)</u>

Calculation of Costs by Reimbursable Activities

We applied the audited productive hourly rates to the allowable hours per reimbursable activity. We determined that salaries and benefits totaling \$236,628 are allowable and \$4,049,362 are unallowable.

The following table summarizes the claimed and allowable salary and benefit costs by reimbursable activity for the audit period:

Reimbursable Activity	Salaries and Benefits Claimed	Salaries and Benefits Allowable	Adjusted Hours
7	\$ 656,120	\$ 47,690	\$ (608,430)
8	1,127,771	47,690	(1,080,081)
9	1,062,784	47,690	(1,015,094)
10	47,017	47,690	673
11	1,333,301	45,868	(1,287,433)
12	58,997	-	(58,997)
	<u>\$ 4,285,990</u>	<u>\$ 236,628</u>	<u>\$ (4,049,362)</u>

Recommendation

We recommend that the district ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

District's Response

The draft audit report states that the District claimed \$4,285,990 in salaries and benefits for the staff cost of approving or denying BOGG enrollment fee waivers, of which \$236,628 is allowable and \$4,049,361 is unallowable. This cost component is calculated in the same manner as the Enrollment Fee Collection cost component and the costs are disallowed for same reasons: average staff time required to perform the reimbursable activities; enrollment data and other workload multipliers; online transactions; and, weighted productive hourly rates.

Regarding the average activity times, the District claimed average times for the six activities ranging from 27.00 to 60.80 minutes over the audit period. The draft audit rejects the time estimates for all six activities. The audited total of the average times for the six activities is 2.6 minutes for all fiscal years. This is the major source of the cost adjustment. The audit "time study" for the activities is based on observing 225 enrollment fee waiver process transactions in the Financial Aid Office. By comparison, the District reported about 275,000 transactions for the audit period.

For five of the six activities the workload multipliers rely upon enrollment statistics with relevant adjustment. As a matter of Controller policy, the auditor utilized data obtained from the Chancellor's Office. For the sixth activity, appeals of denied waivers, the audit concludes that this activity was not performed, and disallows the workload multiplier reported by the District. The District believes the disallowance of the sixth component is a matter of interpretation that can only be resolved by appeal to the Commission.

Adjustments similar to those made for the enrollment fee collection cost component were also made here for the percentage of online transactions and the productive hourly rates. All of these issues are a subject for the appeal.

SCO's Comment

The finding and recommendation remain unchanged.

The district acknowledges in its response that the time increments claimed for the cost component of Waiving Student Fees were based on estimates for all six activities. As noted previously, the parameters and guidelines require that costs claimed be supported by actual cost documentation. The district did not provide such documentation for any year of the audit period.

The district's mandated cost consultant developed the employee survey forms. Annual survey forms were completed by an average of 49 employees for enrollment fee waivers activities for the audit period. Staff members who completed the survey forms estimated the amount of time required to complete various activities. The times recorded by the employees surveyed to complete reimbursable activities 7-11 varied in length as follows:

- Activity 7 (Answer student questions) – 1 to 30 minutes
- Activity 8 (Receive applications) – 1 to 30 minutes
- Activity 9 (Evaluate applications) – 1 to 25 minutes
- Activity 10 (Incomplete applications) – 1 to 30 minutes
- Activity 11 (Approved applications) – 1 to 30 minutes

The consultant took the time recorded on the survey forms and divided it by the number of responses without verifying the time recorded on the survey forms. All responses were given equal weight even though all employees surveyed did not perform the mandated activities at the same level. In addition, some employees surveyed worked in the district's Admissions and Records Office and did not perform the activities of processing BOGG fee waiver applications for students.

The district implies that the number of observations we made of district staff performing the reimbursable activities was insufficient in scope. However, our auditors spent several weeks at the district's Financial Aid Office observing staff assist students with all manner of financial aid transactions, including the processing of BOGG fee waiver applications. We observed that the time required for staff to process financial aid and/or loan applications was significantly more time consuming than the time required to process BOGG fee waiver applications. The district states that it "reported about 275,000 transactions for the audit period," although the district did not provide any source documentation to support any of these transactions. Instead, all time increments were only supported by estimates. Our observation results provided actual source documentation for the reimbursable activities and formed a reasonable basis on which to calculate allowable costs.

The district states in its response that unallowable costs for activity #12 (appeals of denied BOGG fee waiver applications) were based on "a matter of interpretation." We disagree. Based on a discussion with the district's Financial Aid Director, there are very few denials of BOGG fee waiver applications. The Director explained that denials usually result because the student's and/or parent(s)' income exceeds the eligibility threshold. If the BOGG fee waiver application is denied, students are instructed to apply for financial aid using the FAFSA (Free Application for Federal Student Aid) website. As a result, the district does not have any additional procedures in place to process student appeals of denied BOGG fee waivers. Therefore, no additional costs were incurred by the district for a process that did not exist during the audit period. While the district does have procedures in place to process appeals of denied financial aid applications, these appeals are not reimbursable under the mandated program because they do not relate to the processing of BOGG fee waiver applications.

The district states in its response that part of the audit adjustment for the Waiving Student Fees cost component relates to "the percentage of online transactions." However, our audit adjustment includes no such finding. Instead, the multiplier calculation includes all approved BOGG fee waiver applications reported by the district to the CCCCCO plus the number of incomplete and denied waivers at the end of the year reported by the district. In addition, we adjusted the multiplier upwards by 256,475 students for processing incomplete BOGG fee waiver applications (reimbursable activity #10). We determined that this was the maximum number of incomplete BOGG fee waiver applications that could have been processed by the district throughout each year of the audit period.

**FINDING 4—
Unallowable indirect
costs**

The district claimed indirect costs during the audit period totaling \$3,875,164 for enrollment fee collection activities and \$1,567,393 for enrollment fee waiver activities. For enrollment fee collection activities, we determined that \$298,408 is allowable and \$3,576,756 is unallowable. For enrollment fee waiver activities, we determined that \$93,556 is allowable and \$1,473,837 is unallowable. The costs are unallowable because the district incorrectly applied its indirect cost rates to employee benefits for FY 1998-99 to FY 2005-06 (\$47,477),

understated its indirect cost rates for FY 2008-09 through FY 2010-11 (\$2,041), and claimed unallowable salaries and benefits identified in Findings 1 through 3 (\$5,005,157).

Indirect Cost Rates Claimed

For FY 1998-99 through FY 2007-08, the district claimed indirect costs based on indirect cost rates that it prepared using the principles of Title 2, Code of Federal Regulations, Part 220 (Office of Management and Budget (OMB) Circular A-21). For FY 1998-99, through FY 2005-06, the district applied the indirect cost rate to salaries and benefits. However, the federal rate was calculated using only a base of salary and wages. Accordingly, we limited our application of the indirect cost rates for those years to allowable salaries and wages. The district provided, and we accepted, benefit rates in order to split salary and benefit amounts separately and apply the indirect cost rates only to salaries and wages.

The district misstated its indirect cost rates for FY 2008-09 through FY 2010-11. For FY 2008-09, the district claimed indirect costs using the SCO's FAM 29C methodology. The district calculated the rate using total direct costs as the base instead of salaries and benefits. The base indicated by the SCO's claiming instructions is salaries and benefits. We recalculated the rate using salaries and benefits as the base and applied the rate accordingly. For FY 2009-10 and FY 2010-11, we were unable to determine why the district's rates were misstated.

Our calculations show that the district misstated its indirect cost rates for FY 2008-09 through FY 2010-11.

The following table summarizes the claimed, allowable, and audit adjustments for indirect cost rates:

Fiscal Year	Claimed				Allowable				Audit Adjustment
	Indirect Cost Rate Claimed	Option Used	Calculated Rate using Base of	Applied Base to	Indirect Cost Rate Allowable	Option Used	Calculated Rate using Base of	Applied Base to	
1998-99	38.00%	Fed. Rate	Salaries	Sal. & Ben.	38.00%	Fed. Rate	Salaries	Salaries	0.00%
1999-2000	38.00%	Fed. Rate	Salaries	Sal. & Ben.	38.00%	Fed. Rate	Salaries	Salaries	0.00%
2000-01	38.00%	Fed. Rate	Salaries	Sal. & Ben.	38.00%	Fed. Rate	Salaries	Salaries	0.00%
2001-02	38.00%	Fed. Rate	Salaries	Sal. & Ben.	38.00%	Fed. Rate	Salaries	Salaries	0.00%
2002-03	39.00%	Fed. Rate	Salaries	Sal. & Ben.	39.00%	Fed. Rate	Salaries	Salaries	0.00%
2003-04	39.00%	Fed. Rate	Salaries	Sal. & Ben.	39.00%	Fed. Rate	Salaries	Salaries	0.00%
2004-05	39.00%	Fed. Rate	Salaries	Sal. & Ben.	39.00%	Fed. Rate	Salaries	Salaries	0.00%
2005-06	39.00%	Fed. Rate	Salaries	Sal. & Ben.	39.00%	Fed. Rate	Salaries	Salaries	0.00%
2006-07	29.50%	Fed. Rate	Total Dir. Cost	Total Dir. Cost	29.50%	Fed. Rate	Total Dir. Cost	Total Dir. Cost	0.00%
2007-08	29.50%	Fed. Rate	Total Dir. Cost	Total Dir. Cost	29.50%	Fed. Rate	Total Dir. Cost	Total Dir. Cost	0.00%
2008-09	37.04%	FAM 29C	Total Dir. Cost	Sal. & Ben.	37.99%	FAM 29C	Sal. & Ben.	Sal. & Ben.	0.95%
2009-10	39.08%	FAM 29C	Sal. & Ben.	Sal. & Ben.	38.48%	FAM 29C	Sal. & Ben.	Sal. & Ben.	-0.60%
2010-11	40.48%	FAM 29C	Sal. & Ben.	Sal. & Ben.	41.63%	FAM 29C	Sal. & Ben.	Sal. & Ben.	1.15%

Enrollment Fee Collection

The district claimed \$3,875,164 for indirect costs during the audit period, related to salaries and benefits claimed for enrollment fee collection activities. We determined that \$298,408 is allowable and \$3,576,756 is unallowable. We determined that \$37,106 is unallowable because the district incorrectly applied its indirect cost rates to benefits for FY 1998-99 through FY 2005-06, \$1,462 is understated as a result of miscalculated rates for FY 2008-09 through FY 2010-11, and \$3,541,112 is unallowable due to the unallowable salaries and benefits identified in Findings 1 through 3.

The following table summarizes the claimed, allowable, and audit adjustment amounts for indirect costs related to enrollment fee collection by fiscal year:

Enrollment Fee Collection					
Fiscal Year	Claimed Indirect Cost Rates	Allowable Indirect Cost Rates	Claimed Indirect Costs	Allowable Indirect Costs	Audit Adjustment
1998-99	38.00%	38.00%	\$ 228,279	\$ 14,310	\$ (213,969)
1999-2000	38.00%	38.00%	249,272	16,329	(232,943)
2000-01	38.00%	38.00%	292,607	17,393	(275,214)
2001-02	38.00%	38.00%	287,240	21,188	(266,052)
2002-03	39.00%	39.00%	286,613	20,814	(265,799)
2003-04	39.00%	39.00%	265,261	15,790	(249,471)
2004-05	39.00%	39.00%	268,535	15,344	(253,191)
2005-06	39.00%	39.00%	323,821	18,878	(304,943)
2006-07	29.50%	29.50%	278,251	23,197	(255,054)
2007-08	29.50%	29.50%	404,525	27,114	(377,411)
2008-09	37.04%	37.99%	368,848	35,421	(333,427)
2009-10	39.08%	38.48%	324,465	33,112	(291,353)
2010-11	40.48%	41.63%	297,447	39,518	(257,929)
			\$ 3,875,164	\$ 298,408	\$ (3,576,756)

Enrollment Fee Waivers

The district claimed \$1,567,393 for indirect costs during the audit period related to salaries and benefits claimed for enrollment fee waivers activities. We determined that \$93,556 is allowable and \$1,473,837 is unallowable. We determined that \$10,371 is unallowable because the district incorrectly applied its indirect cost rates to benefits for FY 1998-99 through FY 2005-06, \$579 is understated as a result of miscalculated rates for FY 2008-09 through FY 2010-11, and \$1,464,045 is unallowable due to the unallowable salaries and benefits identified in Findings 1 through 3.

The following table summarizes the claimed, allowable, and audit adjustment amounts for indirect costs related to enrollment fee waivers by fiscal year:

Fiscal Year	Enrollment Fee Waivers				
	Claimed Indirect Cost Rates	Allowable Indirect Cost Rates	Claimed Indirect Costs	Allowable Indirect Costs	Audit Adjustment
	1999-2000	38.00%	38.00%	\$ 46,693	\$ 2,584	$ (44,109)
2000-01	38.00%	38.00%	58,047	2,824	(55,223)
2001-02	38.00%	38.00%	109,402	3,293	(106,109)
2002-03	39.00%	39.00%	105,375	5,417	(99,958)
2003-04	39.00%	39.00%	128,597	5,269	(123,328)
2004-05	39.00%	39.00%	130,435	6,289	(124,146)
2005-06	39.00%	39.00%	183,260	7,873	(175,387)
2006-07	29.50%	29.50%	83,672	8,585	(75,087)
2007-08	29.50%	29.50%	270,254	10,077	(260,177)
2008-09	37.04%	37.99%	215,872	12,774	(203,098)
2009-10	39.08%	38.48%	82,472	12,230	(70,242)
2010-11	40.48%	41.63%	153,314	16,341	(136,973)
			<u>\$ 1,567,393</u>	<u>\$ 93,556</u>	<u>\$ (1,473,837)</u>

The parameters and guidelines (section V.B.—Claim Preparation and Submission—Indirect Costs) state that:

Indirect costs are costs that have been incurred for common or joint purposes. . . . Community colleges have the option of using: (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-21, "Cost Principles of Education Institutions"; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

Recommendation

We recommend that the district ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

District's Response

The draft audit report states that the District claimed indirect costs of \$3,875,164, for the enrollment fee collection component and \$1,567,393, for the enrollment fee waiver component, of which \$298,408, and \$93,556, is allowable, respectively. For the thirteen years included in the audit period, the indirect cost percentage rate was adjusted for three years only, and then was modified by only .60% to 1.15% percent. Therefore, most of the disallowed indirect costs derive from the disallowed direct costs from the first three audit findings.

Another source of difference in the calculation from year-to-year is the Controller's inconsistent policy regarding whether the indirect cost rate should be based on total direct costs, or salary and benefits, or just salaries, and then whether the rate so determined should be applied to the same amounts. During the audit period, the Controller's policy changed three times.

The audit report does not state that the District's calculations are unreasonable, just that they aren't the same choice of methods as the

Controller's policies and claiming instructions. There are no regulations or pertinent generally mandated methods for the calculation, so it is a matter of professional judgment. The minor difference of about 1% between the claimed amounts and audit results for the last three fiscal years indicates that District calculations are reasonable. However, I am told that this is a statewide audit issue included in dozens of other incorrect reduction claims already filed that will have to be resolved by decision of the Commission on State Mandates.

SCO's Comment

The finding and recommendation remains unchanged.

The district is correct in stating that most of the unallowable indirect costs relate to unallowable direct costs from the first three audit findings. The district's statement that "During the audit period, the Controller's policy changed three times" is not supported, as the district is not specifying what SCO policy changed and when. Instead, the district makes a general argument about the calculation of indirect costs and the application of those costs to the same base upon which the rate was determined without providing any specifics.

The district also states in its response that "There are no regulations or pertinent generally mandated methods for the calculation, so it is a matter of professional judgment." We disagree. The parameters and guidelines (Section V.B – Claim Preparation and Submission – Indirect Cost Rates) states that "community colleges have the option of using (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-21, "Cost Principles of Educational Institutions"; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate." If the district is going to calculate its indirect cost rate using one of the first two options prescribed by the parameters and guidelines, which it did, then the district must follow the applicable instructions provided for each methodology to calculate and apply its rates.

During the audit period, the district used a federally approved OMB A-21 indirect cost rate for the first 10 years of the audit period. As noted in the audit report, the district did not properly apply the federally approved rate to the correct base for the first eight years of the audit period. For the last three years of the audit period, the district used the SCO's FAM-29C methodology to claim indirect costs. As noted in the audit report, the rates were misstated by minor amounts.

FINDING 5— Misstated offsetting reimbursements

The district claimed offsetting reimbursements totaling \$1,152,929 for enrollment fee collection and \$3,266,094 for enrollment fee waivers. We determined that offsetting reimbursements were misstated by \$50,021 (overstated by \$157,281 and understated by \$207,302) for enrollment fee collection and overstated by \$2,891,301 for enrollment fee waivers. The offsetting reimbursements were misstated because the district did not report the correct amounts that it received from the California Community Colleges Chancellor's Office (CCCCO) for enrollment fee collection or enrollment fee waivers in any fiscal year of the audit period.

Enrollment Fee Collection

For the audit period, the district claimed offsetting reimbursements for enrollment fee collection related to the offset of two percent of revenues from enrollment fees. We obtained a report from the CCCCCO confirming enrollment fee collection offsets paid to the district totaling \$2,030,411 during the audit period.

We limited offsetting reimbursements received by the district to allowable direct and indirect costs. Allowable direct and indirect costs applicable for the audit period related to enrollment fee collection activities totaled \$1,202,950; therefore, this amount represents offsets applicable to the audit period. The district claimed \$1,152,929. Consequently, the district misstated offsetting reimbursements by \$50,021 (overstated by \$157,281 and understated by \$207,302).

The following table summarizes the misstated enrollment fee collection offsetting reimbursements by fiscal year:

Enrollment Fee Collection Offsets					
Fiscal Year	Allowable Direct and Related Indirect Costs (A)	Offsets Claimed (B)	Actual Offsets Confirmed by the CCCCCO (C)	Offset Applicable to Audit (D)	Audit Adjustment (E) = (D-B)
1998-99	\$ 58,982	\$ (42,803)	\$ (104,798)	\$ (58,982)	\$ (16,179)
1999-2000	67,309	(42,290)	(98,797)	(67,309)	(25,019)
2000-01	71,721	(45,177)	(101,151)	(71,721)	(26,544)
2001-02	87,393	(37,750)	(101,363)	(87,393)	(49,643)
2002-03	87,243	(61,633)	(103,807)	(87,243)	(25,610)
2003-04	71,534	(66,553)	(146,275)	(71,534)	(4,981)
2004-05	69,799	(115,845)	(208,301)	(69,799)	46,046
2005-06	85,847	(118,851)	(211,464)	(85,847)	33,004
2006-07	101,830	(133,267)	(196,898)	(101,830)	31,437
2007-08	119,026	(102,049)	(179,722)	(119,026)	(16,977)
2008-09	128,659	(97,611)	(183,181)	(128,659)	(31,048)
2009-10	119,162	(107,861)	(213,415)	(119,162)	(11,301)
2010-11	134,445	(181,239)	(181,239)	(134,445)	46,794
Total	\$ 1,202,950	\$ (1,152,929)	\$ (2,030,411)	\$ (1,202,950)	\$ (50,021)

Consequently, the unused portion of offsetting reimbursements related to enrollment fee collection costs total \$827,461 as follows:

Fiscal Year	Actual Offsets Confirmed by the CCCCO (A)	Offset Applicable to Audit (B)	Unused Portion of Offsets (A-B)
1998-99	\$ (104,798)	\$ (58,982)	\$ (45,816)
1999-2000	(98,797)	(67,309)	(31,488)
2000-01	(101,151)	(71,721)	(29,430)
2001-02	(101,363)	(87,393)	(13,970)
2002-03	(103,807)	(87,243)	(16,564)
2003-04	(146,275)	(71,534)	(74,741)
2004-05	(208,301)	(69,799)	(138,502)
2005-06	(211,464)	(85,847)	(125,617)
2006-07	(196,898)	(101,830)	(95,068)
2007-08	(179,722)	(119,026)	(60,696)
2008-09	(183,181)	(128,659)	(54,522)
2009-10	(213,415)	(119,162)	(94,253)
2010-11	(181,239)	(134,445)	(46,794)
Total	\$ (2,030,411)	\$ (1,202,950)	\$ (827,461)

Enrollment Fee Waivers

For the audit period, the district claimed offsetting reimbursements for enrollment fee waivers related to 7% or 2% of the enrollment fees waived and \$0.91 per credit unit waived. We obtained a report from the CCCCO confirming enrollment fee waivers offsets paid to the district totaling \$3,272,412 for the audit period. We also limited offsetting reimbursements received by the district to allowable direct and indirect costs. Allowable direct and indirect costs applicable to the audit period related to enrollment fee waivers activities totaled \$374,793; therefore, this amount represents offsets applicable to the audit period. The district claimed \$3,266,094. Consequently, the district overstated allowable enrollment fee waiver offsets by \$2,891,301 as follows:

Enrollment Fee Waivers Offsets					
Fiscal Year	Allowable Direct and Indirect Related Costs (A)	Offsets Claimed (B)	Actual Offsets Confirmed by the CCCCO (C)	Offset Applicable to Audit (D)	Audit Adjustment (E) = (D-B)
1999-2000	\$ 10,650	\$ (122,875)	\$ (167,427)	\$ (10,650)	\$ 112,225
2000-01	11,644	(152,757)	(195,660)	(11,644)	141,113
2001-02	13,582	(224,630)	(188,560)	(13,582)	211,048
2002-03	22,707	(239,124)	(233,423)	(22,707)	216,417
2003-04	23,869	(266,303)	(235,375)	(23,869)	242,434
2004-05	28,608	(334,447)	(320,728)	(28,608)	305,839
2005-06	35,802	(341,804)	(302,933)	(35,802)	306,002
2006-07	37,688	(283,631)	(331,893)	(37,688)	245,943
2007-08	44,236	(335,172)	(307,226)	(44,236)	290,936
2008-09	46,399	(269,459)	(293,765)	(46,399)	223,060
2009-10	44,013	(211,032)	(328,651)	(44,013)	167,019
2010-11	55,595	(484,860)	(366,771)	(55,595)	429,265
Total	\$ 374,793	\$ (3,266,094)	\$ (3,272,412)	\$ (374,793)	\$ 2,891,301

Consequently, the unused portion of offsetting reimbursements related to enrollment fee waivers costs total \$2,897,619 as follows:

Fiscal Year	Actual Offsets Confirmed by the CCCCO (A)	Offset Applicable to Audit (B)	Unused Portion of Offsets (A-B)
1999-2000	\$ (167,427)	(10,650)	\$ (156,777)
2000-01	(195,660)	(11,644)	(184,016)
2001-02	(188,560)	(13,582)	(174,978)
2002-03	(233,423)	(22,707)	(210,716)
2003-04	(235,375)	(23,869)	(211,506)
2004-05	(320,728)	(28,608)	(292,120)
2005-06	(302,933)	(35,802)	(267,131)
2006-07	(331,893)	(37,688)	(294,205)
2007-08	(307,226)	(44,236)	(262,990)
2008-09	(293,765)	(46,399)	(247,366)
2009-10	(328,651)	(44,013)	(284,638)
2010-11	(366,771)	(55,595)	(311,176)
Total	\$ (3,272,412)	\$ (374,793)	\$ (2,897,619)

The parameters and guidelines (section VII-Offsetting Savings and Reimbursements state:

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including, but not limited to services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

Enrollment Fee Collection Program:

The cost of the Enrollment Fee Collection program are subject to an offset of two percent (2%) of the revenue from enrollment fees (Ed. Code, 76000, subd.(c))

Enrollment Fee Waiver Program:

The costs of the Enrollment Fee Waiver program are subject to the following offsets:

July 1, 1999 to July 4, 2000:

- For low income students² or recipients of public assistance³, or dependents or surviving spouses of National Guard soldiers killed in the line of duty⁴ as defined:
 - an offset identified in Education Code section 76300, subdivision (m), that requires the community college Board of Governors, from funds in the annual budget act, to allocated to community college two percent (2%) of the fees waived, under subdivision (g) [low income students, as defined, or specified recipient of public assistance] and (h) [dependents or surviving spouses of California National Guard soldiers killed in the line of duty, as defined] of section 76300; and

- For determination of financial need and delivery of student financial aid services, on the basis of the number of low income students (as defined) or recipients of public assistance (as defined), or dependents or surviving spouses of National Guard soldiers killed in the line of duty, for whom fees are waived:
 - from funds provided in the annual State Budget Act, the board of governors shall allocate to community college districts, pursuant to this subdivision, an amount equal to seven (7%) of the fee waivers provided, pursuant to subdivisions (g) [low income students, as defined, or specified recipients of public assistance] and 9h0 [dependents or surviving spouses of California National Guard soldiers killed in the line of duty, as defined].⁵

Beginning July 5, 2000:

- For low-income students (as defined), or recipient of public assistance (as defined) or dependent or surviving spouses of National Guard soldiers killed in the line of duty, for whom fees are waived (as defined):
 - an offset identified in Education Code section 76300, subdivision (m), that requires the Community College Board of Governors, from funds in the annual budget act, to allocate to community colleges two (2%) of the fees waived, under subdivisions (g) [low income students, as defined, or specified recipients of public assistance] and (h) [dependents of California National Guard soldiers killed in the line of duty as defined] of section 76300;
- For determination of financial need and delivery of student financial aid services, on the basis of the number of low income students (as defined) or recipients of public assistance (as defined) for whom fees are waived:
 - requires the Board of Governors to allocate from funds in the annual State Budget Act ninety-one cents (\$0.91) per credit unit waived pursuant to subdivisions (g) [low income students, as defined, or specified recipient of public assistance] and (h) [dependents or California National Guard soldiers killed in the line of duty as defined].
- Any budget augmentation received under the Board Financial Assistance Program Administrative Allowance, or any other state budget augmentation received for administering the fee waiver program.

Note – Footnotes 2 through 5 are included in the parameters and guidelines to provide additional clarification.

Recommendation

We recommend that the district report the applicable offsetting reimbursements for the Enrollment Fee Collection and Waivers Program on its mandated cost claims based on information provided by the CCCCCO.

District's Response

The draft audit report states that the District understated offsetting reimbursements by \$50,021 for the enrollment fee collection cost component, and overstated by \$2,891,301 for the enrollment fee waiver cost component.

The offsetting amounts are not actually "reimbursements," rather they are funds provided by the state to implement the program and are based on statutory rates and not actual cost. The offsetting revenues identified in the parameters and guidelines (Part VII) are of three types: the enrollment fee collection 2% administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation beginning FY 2000-01, and the \$.91 per unit waived BFAP-SFAA allocation beginning FY 2000-01 (7% for FY 1999-00 only). The audited offsetting revenue data is based on information obtained by the auditor from the Chancellor's Office developed after the end of each fiscal year. The District and other claimants at the time the annual claims are prepared must calculate the amounts based on contemporaneous enrollment information, which would be a continuing source of minor differences.

However, the differences here are not minor. The magnitude of the offsetting revenue adjustment results from the magnitude of the disallowed activity costs in Findings 1 through 4, since the offset cannot exceed the reimbursable cost. As the amount of audited cost decreases, there is a corresponding decrease in applicable offsetting revenues. For the enrollment fee collection component, the audited offset exceeds the program cost by \$631,892. For the enrollment fee waiver component, the offset exceeds the audited program cost by \$2,897,619. If the approved program costs increases, these offsetting revenue differences will decrease in the same amount.

The District concurs and complied with the auditor's recommendation that claimants should report the revenue sources identified in the parameters and guidelines as an offset to the program costs. The District reported amounts based on information available at the time of claim preparation. There is no dispute of the audited amounts at this time.

SCO's Comment

The recommendation remains unchanged.

Subsequent to the issuance of the draft audit report, we corrected the total shown in the table at the top of page 41 in that report from \$(631,892) to \$(827,461). Therefore, we corrected the audit report to state that "the unused portion of offsetting reimbursements related to enrollment fee collection costs total \$827,461". . . This change did not affect any of the allowable and audit adjustment amounts shown in Schedule 1-Summary of Program Costs.

**FINDING 6—
Overstated productive
hourly rates for
Calculating and
Collecting Enrollment
Fees and Waiving
Student Fees cost
component**

For the audit period, the district calculated average productive hourly rates separately for employees involved in calculating and collecting enrollment fees (Activities 1 through 6) and for employees involved in waiving student fees (Activities 7 through 12). However, the district overstated the average productive hourly rates in its claims for the audit period.

The district calculated its average productive hourly rates using a straight average methodology, including staff in its calculations that did not perform the reimbursable activities and excluding some staff that did perform the reimbursable activities. In addition, the district did not weigh the involvement of the various employee classifications that performed the reimbursable activities. Instead, all employee classifications were weighted at the same level, as if they all performed the reimbursable activities to the same extent. For example, by calculating average productive hourly rates using a straight average methodology, the involvement of Supervisors was weighted at the same level as district staff that actually performed the bulk of the reimbursable activities.

We provided the district an opportunity to revisit the average productive hourly rates to appropriately reflect the weight of involvement for the various employee classifications that performed the reimbursable activities. However, the District Director of Fiscal Affairs objected to revisiting the claimed average productive hourly rates or providing a complete list of all staff that worked for the Admissions and Records Office, Bursar's Office, and the Financial Aid Office during the audit period. The district did not provide any additional support (e.g., staffing requirements) or guidance (e.g., weight of involvement of various employee classifications) regarding the conduct of the reimbursable activities at the different colleges throughout the audit period.

Therefore, we calculated weighted average rates based on the supporting documentation for the productive hourly rates used in the district's claims. We recalculated average productive hourly rates separately for the Admissions and Records Office and in the Bursar's Office staff and for the Financial Aid Office staff, basing our recalculations on the actual employee classifications involved in performing the reimbursable activities within each department and their level of effort. The level of effort spent by the various employee classifications was based on our discussions with district staff concerning procedures in place to conduct the reimbursable activities along with our observations of district staff performing the reimbursable activities.

Enrollment Fee Collection – Calculating and Collecting Student Enrollment Fees (Activities 1 through 6)

As noted above, the district's average productive hourly rates for Calculating and Collecting Student Enrollment Fees included staff that did not perform the reimbursable activities (staff employed in the Financial Aid Office) and excluded staff that did perform the reimbursable activities. We determined that the staff excluded was employees that did not receive a time survey form. In addition, the district did not weigh the average rates by employee classification.

Instead, all employee classifications were weighted at the same level as if they performed the reimbursable activities to the same extent.

We accepted the rates that the district claimed per staff and made minor changes to the claimed rates when the supporting documentation showed different information than what was claimed. We excluded staff that did not perform the reimbursable activities for Calculating and Collecting Enrollment Fees Based on our observations of the reimbursable activities being performed; we determined the following level of involvement by district staff to perform the reimbursable activities:

- Student Hourly Staff – 45%
- Classified Salaried Staff – 50%
- Supervisory Staff – 5%

We provided the district with our analysis and attempted to engage in a dialogue with them in an effort to advise us of any issues involving the weight of involvement percentages that we calculated, in addition to any variances in the level of effort for the different colleges in the district and/or the different years during the audit period. However, the district declined to comment on our analysis or provide any additional information.

The following table summarizes the changes that we made to average productive hourly rates for enrollment fee collection activities by fiscal year:

Fiscal Year	Enrollment Fee Collections		
	Claimed	Audited	Audit Adjustment
	Average	Average	
	Productive	Productive	
Hourly	Hourly		
	Rate	Rate	
1998-99	\$ 20.72	\$ 15.06	\$ (5.66)
1999-2000	22.65	17.23	(5.42)
2000-01	24.19	18.71	(5.48)
2001-02	23.42	18.16	(5.26)
2002-03	24.34	19.30	(5.04)
2003-04	24.45	18.75	(5.70)
2004-05	24.29	19.37	(4.92)
2005-06	29.78	24.33	(5.45)
2006-07	32.72	28.53	(4.19)
2007-08	36.61	28.51	(8.10)
2008-09	35.28	29.20	(6.08)
2009-10	37.45	27.02	(10.43)
2010-11	39.43	27.93	(11.50)

Enrollment Fee Waivers—Waiving Student Fees (Activities 7 through 12)

The district's average productive hourly rates for Waiving Student Fees also included staff that did not perform the reimbursable activities (staff employed in the Admissions and Records and Bursar's Office) and excluded staff that did perform the reimbursable activities. We determined that the staff excluded was those who did not receive a time survey form. In addition, the district did not weigh the average rate by employee classification. Instead, all employee classifications were weighted at the same level as if they performed the reimbursable activities to the same extent.

We also accepted the rates that the district claimed per staff and made minor changes to the claimed rates when the supporting documentation showed different information than what was claimed. We excluded staff that did not perform the Waiving Student Fees activities and we applied the same level of involvement as we did for collecting enrollment fees (45% for the Student Hourly staff classification, 50% for the Classified Salary classification, and 5% for the Supervisory classification). We provided the district our analysis and attempted to engage in a dialogue with them in an effort to advise us of any issues involving the weight of involvement percentages that we calculated, in addition to any variances in the level of effort for the different colleges in the district and/or the different years during the audit period. However, the district declined to comment on our analysis or provide any additional information.

The district's claims did not include any Student Hourly staff in its claims for the Waiving Student Fees costs component. The Financial Aid Director explained that the Student Hourly staff was not given the time survey forms distributed by the district's mandated cost consultant, although they perform the bulk of the reimbursable activities. The district also indicated that salaries for Student Hourly staff are paid out of a work study program (Federal program) and out of Board Financial Assistance Program (B-FAP funds). The district did not provide any additional support for the Student Hourly staff that worked in the Financial Aid Department and performed the reimbursable activities included in the Waiving Student Fees costs component.

We also noted that salary and benefit information for the current Director of Financial Aid was used in the calculation of the average productive rate for the entire audit period. However, the current Director of Financial Aid was not the Director for the entire audit period. Therefore, rates claimed for the Director of Financial Aid classification were understated. The district provided actual salaries, benefits, and productive hours worked information for the Directors employed by the district during the period of FY 1998 through FY 2007-08. We made adjustments to the productive hourly rate calculations accordingly.

The following table summarizes the changes that we made to average productive hourly rates for enrollment fee waivers activities by fiscal year:

Fiscal Year	Enrollment Fee Waivers		
	Claimed	Audited	
	Average	Average	
	Productive	Productive	Audit
Hourly	Hourly	Audit	
Rate	Rate	Adjustment	
1999-2000	\$ 20.13	\$ 12.41	\$ (7.72)
2000-01	23.45	13.51	(9.94)
2001-02	24.48	14.38	(10.10)
2002-03	24.36	14.98	(9.38)
2003-04	24.94	15.54	(9.40)
2004-05	24.17	17.00	(7.17)
2005-06	29.91	21.16	(8.75)
2006-07	31.93	21.91	(10.02)
2007-08	38.05	25.16	(12.89)
2008-09	39.52	25.75	(13.77)
2009-10	35.61	22.47	(13.14)
2010-11	39.09	25.95	(13.14)

The parameters and guidelines (section V–Claim Preparation and Submission–Direct Cost Reporting–Salaries and Benefits) state that, for salaries and benefits, claimants are required to:

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the reimbursable activities performed and the hours devoted to each reimbursable activity performed.

The SCO’s claiming instructions state that one of three options may be used to compute productive hourly rates:

- Actual annual productive hours for each employee
- The weighted-average annual productive hours for each job title, or
- 1,800 annual productive hours for all employees. (The 1,800 annual productive hours excludes time for paid holidays, vacation earned, sick leave taken, informal time off, jury duty, and military leave taken.)

Recommendation

We recommend that the district ensure that productive hourly rates are calculated in accordance with the guidance provided in the SCO’s claiming instructions.

District's Response

The draft audit report concludes that the District erred by not weighting the productive hourly rates for the twelve program activities. The auditor's weighting method resulted in a reduction of about one-third in the claimed average productive hourly rate for most activities. The District calculated its average productive hourly rates using a straight average methodology. The District did not weight the involvement of the various employee classifications that performed the reimbursable activities. The auditor requested that the District provide support or rebuttal for the auditor's weighted averages. The District declined since there is no requirement in the parameters and guidelines to use weighted productive hourly rates and no factual basis to do so was provided by the auditor.

SCO's Comment

The finding and recommendation remain unchanged.

The district states in its response that "there is no requirement in the parameters and guidelines to use weighted productive hourly rates." It was the district's choice to use an average productive hourly rate calculation, which is a methodology specified in the Controller's claiming instructions. However, the district did not properly follow the guidance contained in the claiming instructions to compute an average productive hourly rate.

The parameters and guidelines (Section V.A.1 – Claim Preparation and Submission – Salaries and Benefits) states that claimants must

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the reimbursable activities performed and the hours devoted to each reimbursable activity performed.

To comply with this requirement, the district must provide information for "each employee implementing the reimbursable activities." However, the district did not provide total wages and benefits and productive hours information for all of the employees who performed the reimbursable activities.

Furthermore, the district did not "describe the reimbursable activities performed by each employee or the number of hours devoted to each reimbursable activity performed." Instead, the district calculated straight average productive hourly rates for "Enrollment Office Staff" and "Financial Aid Office Staff," multiplied those rates by the time increments estimated by district staff for each reimbursable activity, and multiplied the total by the number of transactions with students (multiplier).

The requirement in the parameters and guidelines to describe "the hours devoted to each reimbursable activity" recognizes that employees do not perform the reimbursable activities equally. Accordingly, this methodology to claim costs takes into account the weight of involvement

in the reimbursable activities by various employee classifications. The Controller's claiming instructions also recognizes the weight of involvement of employees in its guidance for computing average productive hourly rates.

Instead, the district used a straight average methodology, as if all "Enrollment Office Staff" and "Financial Aid Office Staff" performed the reimbursable activities to the same extent. That is not a reasonable conclusion, which is why we made adjustments to the district's average productive hourly rate calculations.

**Other Issue—
Public records
request**

The district's response included a public records request. The district's response and SCO's comments are as follows:

District's Response

The District requests that the Controller provide the District any and all written instructions, memoranda, or other writings applicable to the audit procedures and findings.

Government Code Section 6253, subdivision (c), requires the state agency that is the subject of the request, within ten days from receipt of a request for a copy of records, to determine whether the request, in whole or in part, seeks copies of disclosable public records in possession of the agency and promptly notify the requesting party of that determination and the reasons therefore. Also, as required, when so notifying the District, the agency must state the estimated date and time when the records will be made available.

SCO's Comment

The SCO will respond to the district's request separately from this report.

**Other Issue—
General comment**

The district's response included comments related to the conduct of the audit.

District's Response

The entirety of the amounts claimed for reimbursement for each fiscal year have been disallowed by the audit. An audit appeal will be needed since most of the adjustments are based on Controller audit policies the propriety of which can only be determined by appeal to the Commission on State Mandates. The District's incorrect reduction claim will be submitted to the Commission after we receive the final audit report.

The draft audit report states that the District's mandate consultant and the District management advised program staff not to discuss the auditor's methods and findings. This decision was based on our consultant's previous experience with these types of audits and audit procedures as well as District management's conclusion early into the audit that there could be no productive discussion concerning the auditor's documentation standards or choice of methods, all of which

have been utilized on other audits of this mandate program at other community college districts. The standards and methods are Controller policy not subject to individual auditor discretion. These audit policies are a matter of statewide concern that can only be resolved by an incorrect reduction claim and decision by the Commission on State Mandates. However, District did respond to documentation requests whenever possible.

SCO's Comment

An external mandated cost consultant prepared the district's mandate claims for the audit period. Throughout audit fieldwork, the consultant did not provide any actual source documentation for the time required to perform any of the reimbursable activities included in the district's claims. We attempted to work with representatives of the district to the maximum extent possible during the course of the audit. As noted in the draft audit report and acknowledged by the district in its response to that report, the district's mandated cost consultant and district management advised district staff not to discuss any of the auditor's methods and findings with us. The district also acknowledges in its response their conclusion during the early stages of the audit that "there could be no productive discussion concerning the auditor's documentation standards or choice of methods." However, we believe that a number of the issues contained in our audit report could have been adequately addressed had district representatives engaged with us during the course of the audit. Instead, the district acknowledges its decision to file an incorrect reduction claim with the CSM subsequent to the issuance of our audit report rather than engage in substantive discussions with us.

Our audit was performed under generally accepted government auditing standards. Those standards require that we obtain sufficient and appropriate evidence to provide a reasonable basis for our findings and conclusions within the context of the audit objectives. Therefore, our audit findings and conclusions are based on the audit evidence that we obtained during the fieldwork phase of the audit with minimal input from district representatives. Our audit process also includes obtaining an understanding of the claimant's policies and procedures that were followed to perform the reimbursable activities. Therefore, we believe that our audit results are based on sufficient and appropriate evidence.

**Attachment—
District's Response to
Draft Audit Report**



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

FRED WILLIAMS
*Vice Chancellor
Finance & Facilities*

FRED DOFFONEY, Ed.D.
Chancellor

July 23, 2013

Mr. Jim L. Spano, Chief
Mandated Costs Audits Bureau
Division of Audits
California State Controller
P.O. Box 942850
Sacramento, CA 94250-5874

Re: Enrollment Fee Collection and Waivers
FY 1998-99 through FY 2010-11
North Orange County Community College District

Dear Mr. Spano:

This letter is the response of the North Orange County Community College District to the draft audit report dated July 12, 2013, for the above referenced program and fiscal years transmitted by the letter from Jeffrey V. Brownfield, Chief, Division of Audits, State Controller's Office.

The entirety of the amounts claimed for reimbursement for each fiscal year have been disallowed by the audit. An audit appeal will be needed since most of the adjustments are based on Controller audit policies the propriety of which can only be determined by appeal to the Commission on State Mandates. The District's incorrect reduction claim will be submitted to the Commission after we receive the final audit report.

The draft audit report states that the District's mandate consultant and the District management advised program staff not to discuss the auditor's methods and findings. This decision was based on our consultant's previous experience with these types of audits and audit procedures as well as District management's conclusion early into the audit that there could be no productive discussion concerning the auditor's documentation standards or choice of methods, all of which have been utilized on other audits of this mandate program at other community college districts. The standards and methods are Controller policy not subject to individual auditor discretion. These audit policies are a matter of statewide concern that can only be resolved by an incorrect

reduction claim and decision by the Commission on State Mandates. However, District staff did respond to documentation requests whenever possible.

Finding 1- Enrollment Fee Collection- Calculating and Collecting Enrollment Fees

The draft audit report states that the district claimed \$10,560,754 in salaries and benefits for the staff time to calculate and collect enrollment fees, of which \$873,378 is allowable and \$9,687,376 is unallowable. The costs are disallowed for several reasons because the audit:

- rejects the District calculation of the average staff time required to perform the reimbursable activities and substitutes the auditor's own time study;
- rejects the enrollment data reported by the District and substitutes the enrollment data the auditor obtained from the California Community College Chancellor's Office (CCCCO);
- removes from the workload calculation the number of students who paid their enrollment fees online rather than in person; and,
- adjusts the average staff salary and benefit amounts used to calculate the productive hourly rates.

A. Average activity time

For the six activities in the Enrollment Fee Collection (EFC) cost component, district staff implementing the mandate individually reported an average time in minutes to perform each activity using forms provided by our mandate consultant. These certified good faith estimates were averaged for similar job positions to establish one average time for each activity. The total of the average times for the six activities ranged from 26.50 to 40.40 minutes over the audit period. These times are multiplied by relevant enrollment or other workload statistics and then multiplied by relevant staff productive hourly rates.

The draft audit concludes that these good faith estimates are not acceptable "source documentation" of "actual costs" and rejects the time estimates for four of the six activities. The audited total of the average times for the six activities ranges from 13.66 to 15.26 minutes over the audit period. This is the major source of the cost adjustment. The audit "time study" for the four activities is based on observing some of the enrollment fee collection process in the Bursar's Office. The auditor observed 178 transactions, of which 78 involved payment of enrollment fees. By comparison, the District reported about one million enrollment fee collection transactions for the audit period. For this reason, and many others, the auditor's observation process does not constitute a representative "time study" sample.

For the remaining two activities (5 and 6), which were not observed by the auditor, the average times were accepted by the auditor.

B. Workload multipliers

The average staff time for each activity is multiplied by a specific workload factor for each activity to determine the claimable staff time. Both the District and the auditor used this method. For four of the activities the workload multipliers rely upon enrollment statistics with relevant adjustments. As a matter of Controller policy, the audit utilized data obtained from the Chancellor's Office which the auditor modified for different categories of special admission students. Thus, there was no point for the District to dispute the findings since they are a matter of policy and not subject to individual auditor discretion. This is a matter of statewide concern that can only be resolved by an incorrect reduction claim.

There is the related workload multiplier issue of the number of "online" (internet or phone) transactions. When this program became a mandate in FY 1998-99, there was no significant online activity, and so was not factored into the annual claims. However, District data processing staff was able to provide a reasonable estimate of the percentage of online transactions retroactive to FY 2001-02, when the Banner System was established. We also stipulated to a percentage for years prior to FY 2001-02. However, the audit does not include any replacement costs for the online fee collection process in mitigation of this adjustment.

The workload multipliers were accepted by the auditor for the remaining two activities (5 and 6).

C. Productive hourly rates

The salary and benefits productive hourly rate is multiplied by the product of the average staff time per activity and relevant workload multiplier. The draft audit concludes that the District overstated the productive hourly rates because the District did not weight the average rates for each activity. This is discussed at Finding 6.

D. Legal basis for the adjustments

The draft audit report states that the legal basis for these adjustments is the documentation standard contained in the mandate program parameters and guidelines:

"The program's parameters and guidelines (section IV--Reimbursable Activities) state 'To be eligible for mandated cost reimbursement, only actual costs may be claimed. Actual costs are those costs actually

incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records, time logs, sign-in sheets, invoices, and receipts."

Thus, the nature and quality of the source documents, as perceived by the auditor, are the stated legal basis for disallowing the District time estimates, workload statistics, and productive hourly rates. It should be remembered that the parameters and guidelines were adopted January 26, 2006, which is seven years after the first fiscal year in the audit period. Regardless, by substituting its own time study for four of the activities, the Controller is validating the concept of using average times as an acceptable method for the calculation of the mandate costs. The difference becomes one of fact, how much time to allow for each activity. Also, by accepting the District's reported time and workload statistics for the remaining two activities, the Controller is validating the District's good faith method and the mandate consultant's forms as an acceptable method for estimating average time.

Finding 2- Enrollment Fee Waivers- Procedures, Recording and Maintaining Records

The draft audit report states that the district claimed \$18,125 in salaries and benefits for the staff cost to adopt procedures, recording, and maintaining waiver records and statistics, of which \$8,591 is allowable and \$9,534 is unallowable. All of the amounts reported by the District for FY 1999-00 through FY 2009-10 were approved. The costs reported for FY 2010-11 were substantially disallowed because staff time was included for activities not related to the mandate. The District does not dispute this adjustment at this time.

Finding 3- Enrollment Fee Waivers-BOGG Waiver Process

The draft audit report states that the District claimed \$4,285,990 in salaries and benefits for the staff cost of approving or denying BOGG enrollment fee waivers, of which \$236,628 is allowable and \$4,049,361 is unallowable. This cost component is calculated in the same manner as the Enrollment Fee Collection cost component and the costs are disallowed for same reasons: average staff time required to perform the reimbursable activities; enrollment data and other workload multipliers; online transactions; and, weighted productive hourly rates.

Regarding the average activity times, the District claimed average times for the six activities ranging from 27.00 to 60.80 minutes over the audit period. The draft audit rejects the time estimates for all six activities. The audited total of the average times for the six activities is 2.6 minutes for all fiscal years. This is the

major source of the cost adjustment. The audit "time study" for the activities is based on observing 225 enrollment fee waiver process transactions in the Financial Aid Office. By comparison, the District reported about 275,000 transactions for the audit period.

For five of the six activities the workload multipliers rely upon enrollment statistics with relevant adjustment. As a matter of Controller policy, the auditor utilized data obtained from the Chancellor's Office. For the sixth activity, appeals of denied waivers, the audit concludes that this activity was not performed, and disallows the workload multiplier reported by the District. The District believes the disallowance of the sixth component is a matter of interpretation that can only be resolved by appeal to the Commission.

Adjustments similar to those made for the enrollment fee collection cost component were also made here for the percentage of online transactions and the productive hourly rates. All of these issues are a subject for the appeal.

Finding 4 - Unallowable Indirect Costs

The draft audit report states that the District claimed indirect costs of \$3,875,164, for the enrollment fee collection component and \$1,567,393, for the enrollment fee waiver component, of which \$298,408, and \$93,556, is allowable, respectively. For the thirteen years included in the audit period, the indirect cost percentage rate was adjusted for three years only, and then was modified by only .60% to 1.15% percent. Therefore, most of the disallowed indirect costs derive from the disallowed direct costs from the first three audit findings.

Another source of difference in the calculation from year-to-year is the Controller's inconsistent policy regarding whether the indirect cost rate should be based on total direct costs, or salary and benefits, or just salaries, and then whether the rate so determined should be applied to the same amounts. During the audit period, the Controller's policy changed three times.

The audit report does not state that the District's calculations are unreasonable, just that they aren't the same choice of methods as the Controller's policies and claiming instructions. There are no regulations or pertinent generally mandated methods for the calculation, so it is a matter of professional judgment. The minor difference of about 1% between the claimed amounts and audit results for the last three fiscal years indicates that District calculations are reasonable. However, I am told that this is a statewide audit issue included in dozens of other incorrect reduction claims already filed that will have to be resolved by decision of the Commission on State Mandates.

Finding 5 - Misstated offsetting reimbursement

The draft audit report states that the District understated offsetting reimbursements by \$50,021 for the enrollment fee collection cost component, and overstated by \$2,891,301 for the enrollment fee waiver cost component.

The offsetting amounts are not actually "reimbursements," rather they are funds provided by the state to implement the program and are based on statutory rates and not actual cost. The offsetting revenues identified in the parameters and guidelines (Part VII) are of three types: the enrollment fee collection 2% administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation beginning FY 2000-01, and the \$.91 per unit waived BFAP-SFAA allocation beginning FY 2000-01 (7% for FY 1999-00 only). The audited offsetting revenue data is based on information obtained by the auditor from the Chancellor's Office developed after the end of each fiscal year. The District and other claimants at the time the annual claims are prepared must calculate the amounts based on contemporaneous enrollment information, which would be a continuing source of minor differences.

However, the differences here are not minor. The magnitude of the offsetting revenue adjustment results from the magnitude of the disallowed activity costs in Findings 1 through 4, since the offset cannot exceed the reimbursable cost. As the amount of audited cost decreases, there is a corresponding decrease in applicable offsetting revenues. For the enrollment fee collection component, the audited offset exceeds the program cost by \$631,892. For the enrollment fee waiver component, the offset exceeds the audited program cost by \$2,897,619. If the approved program costs increases, these offsetting revenue differences will decrease in the same amount.

The District concurs and complied with the auditor's recommendation that claimants should report the revenue sources identified in the parameters and guidelines as an offset to the program costs. The District reported amounts based on information available at the time of claim preparation. There is no dispute of the audited amounts at this time.

Finding 6- Overstated productive hourly rates

The draft audit report concludes that the District erred by not weighting the productive hourly rates for the twelve program activities. The auditor's weighting method resulted in a reduction of about one-third in the claimed average productive hourly rate for most activities. The District calculated its average productive hourly rates using a straight average methodology. The District did not weight the involvement of the various employee classifications that performed the reimbursable activities. The auditor requested that the District provide support or rebuttal for the auditor's weighted averages. The District declined

Mr. Jim Spano

July 23, 2013

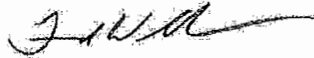
since there is no requirement in the parameters and guidelines to use weighted productive hourly rates and no factual basis to do so was provided by the auditor.

Public Records Request

The District requests that the Controller provide the District any and all written instructions, memoranda, or other writings applicable to the audit procedures and findings.

Government Code Section 6253, subdivision (c), requires the state agency that is the subject of the request, within ten days from receipt of a request for a copy of records, to determine whether the request, in whole or in part, seeks copies of disclosable public records in possession of the agency and promptly notify the requesting party of that determination and the reasons therefore. Also, as required, when so notifying the District, the agency must state the estimated date and time when the records will be made available.

Sincerely,



Fred Williams, Vice Chancellor Finance and Facilities
North Orange County Community College District

**State Controller's Office
Division of Audits
Post Office Box 942850
Sacramento, CA 94250-5874**

<http://www.sco.ca.gov>

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE PARAMETERS AND GUIDELINES ON:

Education Code Section 76300; Statutes 1984xx, Chapter 1; Statutes 1984, Chapters 274 and 1401; Statutes 1985, Chapters 920 and 1454; Statutes 1986, Chapters 46 and 394; Statutes 1987, Chapter 1118; Statutes 1989, Chapter 136; Statutes 1991, Chapter 114; Statutes 1992, Chapter 703; Statutes 1993, Chapters 8, 66, 67, and 1124; Statutes 1994, Chapters 153 and 422; Statutes 1995, Chapter 308; Statutes 1996, Chapter 63; and Statutes 1999, Chapter 72; California Code of Regulations, Title 5, Sections 58501 – 58503.

Filed on June 28, 2000,

By Los Rios Community College District, Claimant
and

Education Code Section 76300; Statutes 1984xx, Chapter 1; Statutes 1984, Chapters 274 and 1401; Statutes 1985, Chapters 920 and 1454; Statutes 1986, Chapters 46 and 394; Statutes 1987, Chapter 1118; Statutes 1989, Chapter 136; Statutes 1993, Chapters 8, 66, 67, and 1124; Statutes 1994, Chapters 153 and 422; Statutes 1995, Chapter 308; Statutes 1996, Chapter 63; and Statutes 1999, Chapter 72; California Code of Regulations, Title 5, Sections 58611 – 58613, 58620, 58630;

Filed on June 4, 2001,

By Glendale Community College District, Claimant.

No. 99-TC-13 and 00-TC-15


Enrollment Fee Collection and Waivers

ADOPTION OF PARAMETERS AND
GUIDELINES PURSUANT TO
GOVERNMENT CODE SECTION
17557 AND TITLE 2, CALIFORNIA
CODE OF REGULATIONS, SECTION
1183.14

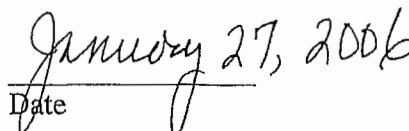
(Adopted on January 26, 2006)

PARAMETERS AND GUIDELINES

On January 26, 2006, the Commission on State Mandates adopted the attached Parameters and Guidelines.



e Director



Date

MAILED: Mail List FAXED:
DATE: 1/26/06 INITIAL: LD
CHRON: FILE:
WORKING BINDER: _____

**PROPOSED PARAMETERS AND GUIDELINES,
AS MODIFIED BY STAFF**

Education Code Section 76300

California Code or Regulations, Title 5, Sections 58501- 58503;
58611- 58613, 58620, 58630

Enrollment Fee Collection and Waivers (99-TC-13 and 00-TC-15)

Los Rios and Glendale Community College Districts, Claimants

I. SUMMARY OF THE MANDATE

Claimant Los Rios Community College District (LRCCD), submitted the *Enrollment Fee Collection* test claim (99-TC-13) in June 2000 alleging a reimbursable state mandate for community college districts by requiring specific new activities and costs related to collecting enrollment fees. Claimant Glendale Community College District (GCCD) submitted the *Enrollment Fee Waivers (00-TC-15)* test claim in June 2001 alleging a reimbursable state mandate for community college districts by requiring specific new activities and costs related to granting fee waivers, Board of Governor's (BOG) Grants and financial assistance to students. In August 2002, the *Enrollment Fee Collection* and *Enrollment Fee Waiver* test claims were consolidated.

On April 24, 2003, the Commission on State Mandates (Commission) adopted the Statement of Decision for the *Enrollment Fee Collection and Waivers* program. The Commission found that the test claim legislation constitutes a new program or higher level of service and imposes a reimbursable state-mandated program on community college districts within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. Accordingly, the Commission approved this test claim for the following reimbursable activities:

- Calculating and collecting the student enrollment fee for each student enrolled except for nonresidents, and except for special part-time students cited in section 76300, subdivision (f). (Ed. Code, § 76300, subs. (a) & (b); Cal. Code Regs., tit. 5, §§ 58501, 58502 & 58503.)
- Waiving student fees in accordance with the groups listed in Education Code section 76300, subdivisions (g) and (h).
- Waiving fees for students who apply for and are eligible for BOG fee waivers. (Cal. Code Regs., tit. 5, §§ 58612, 58613 & 58620.)
- Reporting to the Community Colleges Chancellor (CCC) the number of and amounts provided for BOG fee waivers. (Cal. Code Regs., tit. 5, § 58611.)
- Adopting procedures that will document all financial assistance provided on behalf of students pursuant to chapter 9 of title 5 of the California Code of Regulations; and including in the procedures the rules for retention of support documentation which will enable an independent determination regarding accuracy of the district's certification of need for financial assistance. (Cal. Code Regs., tit. 5, § 58630, subd. (b).)

The Commission found that all other test claim statutes and regulations not cited above do not impose reimbursable state-mandated activities within the meaning of article XIII B, section 6 and Government Code section 17514.

II. ELIGIBLE CLAIMANTS

Any community college district that incurs increased costs as a direct result of this reimbursable state mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim must be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for *Enrollment Fee Collection* (99-TC-13) was filed in June 2000, and the test claim for *Enrollment Fee Waivers* (00-TC-15) was filed in June 2001. Thus, costs incurred for compliance with *Enrollment Fee Collection* are reimbursable on or after July 1, 1998, and costs incurred for compliance with *Enrollment Fee Waivers* are reimbursable on or after July 1, 1999.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

Adopted: January 26, 2006

For each eligible claimant, the following activities are reimbursable:

A. Enrollment Fee Collection (Reimbursement Period begins July 1, 1998)

1. One-Time Activities

a. Policies and Procedures

Prepare district policies and procedures for the collection of enrollment fees.

b. Staff Training (One-time per employee)

Training district staff that implement the program on the procedures for the collection of enrollment fees.

2. Ongoing Activities

- a. Calculating and collecting the student enrollment fee for each student enrolled, except for nonresidents, and except for special part-time students cited in section 76300, subdivision (f). (Ed. Code, §76300, subs. (a) & (b); Cal. Code Regs., tit. 5, §§ 58501, 58502 & 58503). This includes:
- i. Referencing student accounts and records to determine course workload, status of payments, and eligibility for fee waiver. Printing a list of enrolled courses.
 - ii. 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 (however, any fees that may be charged to a community college district by a credit card company or bank are not reimbursable). Preparing a receipt for payment received.
 - iii. Answering student's questions regarding enrollment fee collection or referring them to the appropriate person for an answer.
 - iv. Updating written and computer records for the enrollment fee information and providing a copy to the student. Copying and filing enrollment fee documentation.
 - v. Collecting delinquent enrollment fees, including written or telephonic collection notices to students, turning accounts over to collection agencies, or small claims court action.
 - vi. For students who establish fee waiver eligibility after the enrollment fee has been collected, providing a refund or enrollment fees paid and updating student and district records as required. (Refund process for change in program is not reimbursable).

B. Enrollment Fee Waiver (Reimbursement Period begins July 1, 1999)

1. One-Time Activities

a. Policies and Procedures

Prepare district policies and procedures for determining which students are eligible for waiver of the enrollment fees.

b. Staff Training (One-time per employee)

Training district staff that implement the program on the procedures for determining which students are eligible for waiver of the enrollment fee.

2. Ongoing Activities

- a. Adopting procedures that will document all financial assistance provided on behalf of students pursuant to chapter 9 of title 5 of the California Code of Regulations; and including in the procedures the rules for retention of support documentation that will enable an independent determination regarding accuracy of the district's certification of need for financial assistance. (Cal. Code Regs., tit. 5, § 58630, subd. (b).)

Recording and maintaining records that document all of the financial assistance provided to students for the waiver of enrollment fees in a manner that will enable an independent determination of the district's certification of the need for financial assistance. (Cal. Code Regs., tit. 5, § 58630, subd. (b).)

- b. Waiving student fees in accordance with groups listed in Education Code section 76300, subdivisions (g) and (h). Waiving fees for students who apply for and are eligible for BOG fee waivers (Cal. Code Regs., tit. 5 §§ 58612, 58613 & 58620). This includes:
- i. Answering student's questions regarding enrollment fee waivers or referring them to the appropriate person for an answer.
 - ii. 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.
 - iii. 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., Free Application for Federal Student Aid (FAFSA)), and other records.
 - iv. 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.
 - v. 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.
 - vi. In the case of a denied application, reviewing and evaluating additional information and documentation provided by the student if the denial is appealed by the student. Provide written notification to the student of the results of the appeal or any change in eligibility status.

- c. Reporting to the CCC the number of and amounts provided for BOG fee waivers. (Cal. Code Regs., tit. 5, § 58611.)

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

6. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1, Salaries and Benefits, and A.2, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A.3, Contracted Services.

B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

Community colleges have the option of using: (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-21, "Cost Principles of Educational Institutions"; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter¹ is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

¹ This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

Enrollment Fee Collection Program:

The costs of the Enrollment Fee Collection program are subject to an offset of two percent (2%) of the revenue from enrollment fees (Ed. Code, § 76000, subd. (c)).

Enrollment Fee Waiver Program:

The costs of the Enrollment Fee Waiver program are subject to the following offsets:

July 1, 1999 to July 4, 2000:

- For low income students² or recipients of public assistance,³ or dependents or surviving spouses of National Guard soldiers killed in the line of duty,⁴ as defined:
 - an offset identified in Education Code section 76300, subdivision (m), that requires the Community College Board of Governors, from funds in the annual budget act, to allocate to community colleges two percent (2%) of the fees waived, under subdivisions (g) [low income students, as defined, or specified recipients of public assistance] and (h) [dependents or surviving spouses of California National Guard soldiers killed in the line of duty, as defined] of section 76300; and
- For determination of financial need and delivery of student financial aid services, on the basis of the number of low income students (as defined) or recipients of public assistance (as defined), or dependents or surviving spouses of National Guard soldiers killed in the line of duty, for whom fees are waived:

² “[A]ny student who demonstrates eligibility according to income standards established by the board of governors and contained in Section 58260 of Title 5 of the California Code of Regulations.” (Ed. Code, § 76300, subd. (g)(2).)

³ “[A]ny student who, at the time of enrollment, is a recipient of benefits under the Temporary Assistance to Needy Families 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.” (Ed. Code, § 76300, subd. (g)(1).)

⁴ “[A]ny 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.” (Ed. Code, § 76300, subd. (h).)

- from funds provided in the annual State Budget Act, the board of governors shall allocate to community college districts, pursuant to this subdivision, an amount equal to seven percent (7%) of the fee waivers provided pursuant to subdivisions (g) [low income students, as defined, or specified recipients of public assistance] and (h) [dependents or surviving spouses of California National Guard soldiers killed in the line of duty, as defined].⁵

Beginning July 5, 2000:

- For low income students (as defined, or recipients of public assistance (as defined) or dependents or surviving spouses of National Guard soldiers killed in the line of duty, for whom fees are waived (as defined):
 - an offset identified in Education Code section 76300, subdivision (m), that requires the Community College Board of Governors, from funds in the annual budget act, to allocate to community colleges two percent (2%) of the fees waived, under subdivisions (g) [low income students, as defined, or specified recipients of public assistance] and (h) [dependents of California National Guard soldiers killed in the line of duty as defined] of section 76300;
- For determination of financial need and delivery of student financial aid services, on the basis of the number of low income students (as defined) or recipients of public assistance (as defined) for whom fees are waived
 - requires the Board of Governors to allocate from funds in the annual State Budget Act ninety-one cents (\$0.91) per credit unit waived pursuant to subdivisions (g) [low income students, as defined, or specified recipients of public assistance] and (h) [dependents of California National Guard soldiers killed in the line of duty as defined]
- Any budget augmentation received under the Board Financial Assistance Program Administrative Allowance, or any other state budget augmentation received for administering the fee waiver program.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

⁵ These waiver provisions were subsequently expanded to waive fees for children of law enforcement personnel or firefighters killed in the line of duty (Ed. Code, § 76300, subd. (i)), or dependents of victims of the September 11, 2001 terrorist attacks (Ed. Code, § 76300, subd. (j)), but these parameters and guidelines do not include those waiver recipients because they were added by Statutes 2002, chapter 450 and are outside the scope of the Statement of Decision.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-10
ENROLLMENT FEE COLLECTION AND WAIVERS

April 3, 2006

In accordance with Government Code (GC) section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Enrollment Fee Collection and Waivers (EFCW) program. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On April 24, 2003, the COSM determined that the test claim legislation established costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any community college that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred for this program are reimbursable for fiscal years 1998-99 to 2004-05. Claims must be filed with the SCO and be delivered or postmarked on or before **August 1, 2006**. Actual reimbursement claims for fiscal year 2005-06 and estimated claims for fiscal year 2006-07 must be filed on or before **January 16, 2007**.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

B. Late Penalty

1. Initial Claims

AB 3000, enacted into law on September 30, 2002, amended the late penalty assessments on initial claims. Late initial claims submitted **on or after September 30, 2002**, are assessed a late penalty of 10% of the total amount of the initial claims **without limitation**.

2. Annual Reimbursement Claims

All late annual reimbursement claims are assessed a late penalty of 10% subject to the \$1,000 limitation regardless of when the claims were filed.

98-99 - 2006-07
04/06

C. Estimated Claims

Unless otherwise specified in the claiming instructions, community college districts are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07).

However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the supplemental claim forms must be completed to support the estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs incurred to implement the mandated activities. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at, or near, the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. It may also include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Certification of Claim

In accordance with the provisions of GC section 17561, an authorized representative of the claimant shall be required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure section 2015.5, for those costs mandated by the State and contained herein.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a community college district for this mandate is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by the SCO as deemed necessary.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions, or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to LRS DAR@sco.ca.gov. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.shtml.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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L A B E L H E R E	(01) Claimant Identification Number	Reimbursement Claim Data	
	(02) Claimant Name	(22) EFCW -1, (04)(A)(1)(a)(f)	
	County of Location	(23) EFCW -1, (04)(A)(1)(b)(f)	
	Street Address or P.O. Box Suite	(24) EFCW -1, (04)(A)(2)(a)(f)	
	City State Zip Code	(25) EFCW -1, (04)(B)(1)(a)(f)	

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(26) EFCW -1, (04)(B)(1)(b)(f)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW -1, (04)(B)(2)(a)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW -1, (04)(B)(2)(b)(f)
			(29) EFCW -1, (04)(B)(2)(c)(f)
Fiscal Year of Cost	(06) ___/___	(12) ___/___	(30) EFCW -1, (06)
Total Claimed Amount	(07)	(13)	(31) EFCW -1, (07)
Less: 10% Late Penalty		(14)	(32) EFCW -1, (09)
Less: Prior Claim Payment Received		(15)	(33) EFCW -1, (10)
Net Claimed Amount		(16)	(34)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer	Date
Type or Print Name	Title
(38) Name of Contact Person for Claim	Telephone Number () - Ext.
	E-Mail Address

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form EFCW-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form EFCW-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **August 1, 2006**, for the fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty).
- (15) If filing a reimbursement claim and a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., EFCW-1, (04)(A)(1)(a)(f), means the information is located on form EFCW-1, block (04)(A)(1), line (a), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816

Program <b style="font-size: 24pt;">267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY					FORM EFCW-1		
(01) Claimant			(02) Type of Claim		Fiscal Year			
			Reimbursement <input type="checkbox"/>		_____ / _____			
(03) Leave blank								
Direct Costs			Object Accounts					
(04) Reimbursable Components			(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)								
a.	Preparing district policies & procedures for § IV. A.							
b.	Staff training (One time per employee)							
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)								
a.	Calculating and collecting enrollment fees							
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)								
a.	Preparing district policies & procedures for § IV. B.							
b.	Staff training (One time per employee)							
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)								
a.	Adopting procedures, recording, and maintaining records							
b.	Waiving student fees							
c.	Reporting BOG fee waiver data to CCC							
(05) Total Direct Costs								
Indirect Costs								
(06) Indirect Cost Rate				[From OMB A-21, FAM-29C, or 7%]			%	
(07) Total Indirect Costs				[Line (06) x line (05)(a)]				
(08) Total Direct and Indirect Costs				[Line (05)(f) + line (07)]				
Cost Reduction								
(09) Less: Offsetting Savings								
(10) Less: Other Reimbursements								
(11) Total Claimed Amount				[Line (08) - {line (09) + line (10)}]				

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY Instructions	FORM EFCW-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form EFCW-1 must be filed for a reimbursement claim. Do not complete form EFCW-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form EFCW-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Claim Statistics. Leave blank.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form EFCW-2, line (05), columns (d) through (h) to form EFCW-1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Community college districts may use the federally approved OMB A-21 rate, the rate computed using form FAM-29C, or a 7% indirect cost rate for the fiscal year of costs.
- (07) Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a result of this mandate. Submit a detailed schedule of savings with the claim.
- Enrollment Fee Collection Program:** The costs of the Enrollment Fee Collection program are subject to an offset of 2% of the revenue from enrollment fees. [EC § 76000, subd. (c)]
- Enrollment Fee Waiver Program: July 1, 1999 to July 4, 2000:** The costs of the Enrollment Fee Waiver Program are subject to offsets for low income students, recipients of public assistance, or dependents or surviving spouses of National Guard soldiers killed in the line of duty. Refer to the P's and G's, page 7, for the definition of these classifications.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL						FORM EFCW-2
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed							
A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)				B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One time per employee)			
A. 2. Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees				B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC			
(04) Description of Expenses				Object Accounts			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, Description of Expenses	Hourly Rate/ No. of Items	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ___ of ___							

Program <b style="font-size: 2em;">267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL Instructions	FORM EFCW-2
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- (01) Claimant: Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form EFCW-2 should be completed for each department.
- (02) Fiscal Year: Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities: Check the box which indicates the cost activity being claimed. Check only one box per form. A separate form EFCW-2 shall be prepared for each applicable activity.
- (04) Description of Expenses: The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contracted services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries and Benefits	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Salaries	Title								
Benefits	Activities	Benefit Rate		Benefits = Benefit Rate x Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
Contracted Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked or Total Contract			Copy of Contract
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Cost = Unit Cost x Usage		
Travel and Training	Purpose of Trip Name and Title	Per Diem Rate	Days					Cost = Rate x Days or Miles	
Travel	Departure and Return Date	Mileage Rate Travel Cost	Miles Travel Mode					or Total Travel Cost	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form EFCW-1, block (05), columns (a) through (e) in the appropriate row.

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-10
ENROLLMENT FEE COLLECTION AND WAIVERS

April 3, 2006

Revised January 21, 2009

In accordance with Government Code (GC) section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Enrollment Fee Collection and Waivers (EFCW) program. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On April 24, 2003, the COSM determined that the test claim legislation established costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any community college that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with the State Controller's Office by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. An actual claim for the 2007-08 fiscal year, may be filed by February 15, 2009, without a late penalty. If the filing deadline falls on a weekend or holiday, the filing deadline will be the next business day. Since the 15th falls on a weekend in 2009, claims will be accepted without penalty if postmarked or delivered on before February 17th, 2009. Ongoing reimbursement claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. Amended claims filed after the filing deadline will be reduced by 10% of the increased amount not to exceed \$10,000 for the total claim. Initial reimbursement claims filed after the filing deadline will be reduced by a late penalty of 10% with no limitation. Claims filed more than one year after the deadline will not be accepted by the SCO.

In order for a claim to be considered properly filed, it must include documentation to support the indirect cost rate if the indirect cost rate exceeds 7 percent. A more detailed discussion of the indirect cost methods available to community colleges may be found in Section 9 of these instructions. Documentation to support actual costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

2007-08
01/09

B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

Minimum Claim Cost

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs incurred to implement the mandated activities. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at, or near, the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. It may also include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Certification of Claim

In accordance with the provisions of GC section 17561, an authorized representative of the claimant shall be required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure section 2015.5, for those costs mandated by the State and contained herein.

Audit of Costs

Pursuant to GC section 17558.5, subdivision (b), The SCO may conduct a field review of any claim after the claim has been submitted, prior to the reimbursement of the claim, to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a community college district for this mandate is subject to the initiation of an audit by SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by SCO as deemed necessary.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions, or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to LRSDAR@sco.ca.gov. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.shtml.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS		For State Controller Use Only (19) Program Number 00267 (20) Date Filed (21) LRS Input	Program 267
(01) Claimant Identification Number		Reimbursement Claim Data	
(02) Claimant Name		(22) FORM-1, (04)(A)(1)(a)(f)	
Address		(23) FORM-1, (04)(A)(1)(b)(f)	
		(24) FORM-1, (04)(A)(2)(a)(f)	
		(25) FORM-1, (04)(B)(1)(a)(f)	
Type of Claim	Estimated Claim (03) Estimated <input type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/>	Reimbursement Claim (09) Reimbursement <input type="checkbox"/> (10) Combined <input type="checkbox"/> (11) Amended <input type="checkbox"/>	(26) FORM-1, (04)(B)(1)(b)(f) (27) FORM-1, (04)(B)(2)(a)(f) (28) FORM-1, (04)(B)(2)(b)(f) (29) FORM-1, (04)(B)(2)(c)(f)
Fiscal Year of Cost	(06)	(12)	(30) FORM-1, (06)
Total Claimed Amount	(07)	(13)	(31) FORM-1, (07)
Less: Late Penalty (refer to claiming instructions)		(14)	(32) FORM-1, (09)
Less: Prior Claim Payment Received		(15)	(33) FORM-1, (10)
Net Claimed Amount		(16)	(34)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)
(37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Authorized Officer _____ Date _____ _____ Type or Print Name _____ Title _____			
(38) Name of Contact Person for Claim _____		Telephone Number _____	_____
_____		E-mail Address _____	_____

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CERTIFICATION CLAIM FORM INSTRUCTIONS	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10 % penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (04)(A)(1)(a), means the information is located on Form-1, block (04)(A)(1), column (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. Completion of this data block will expedite the payment process.
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY					FORM 1
(01) Claimant			(02) Type of Claim Reimbursement		Fiscal Year	
Direct Costs		Object Accounts				
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contract Services	(d) Fixed Assets	(e) Travel and Training	(f) Total
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a. Preparing district policies & procedures for § IV. A.						
b. Staff training (One time per employee)						
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a. Calculating and collecting enrollment fees						
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a. Preparing district policies & procedures for § IV. B.						
b. Staff training (One time per employee)						
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a. Adopting procedures, recording, and maintaining records						
b. Waiving student fees						
c. Reporting BOG fee waiver data to CCC						
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate			[Refer to Claiming Instructions]			
(07) Total Indirect Costs			[Refer to Claiming Instructions]			
(08) Total Direct and Indirect Costs			[Line (05)(f) + line (07)]			
Cost Reduction						
(09) Less: Offsetting Savings						
(10) Less: Other Reimbursements						
(11) Total Claimed Amount			[Line (08) - {(line (09) + line (10))}]			

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY INSTRUCTIONS	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Claim Statistics. Leave blank.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from Form-2, line (09), columns (d) through (h) to Form -1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Use the SCO FAM-29C, Flat 7%, or Federally Approved OMB A-21 methodology if specifically allowed by the P's and G's for this program. **See the Community College Mandated Cost Manual, Section 9, Indirect Costs for important instructions on claiming indirect costs using the Federally Approved OMB A-21 Rate for electronic claims.**
- (07) Enter the result of multiplying *Salaries and Benefits Only*, line (05)(a), by the *Indirect cost rate*, line (06).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a result of this mandate. Submit a detailed schedule of savings with the claim.
- Enrollment Fee Collection Program:** The costs of the Enrollment Fee Collection program are subject to an offset of 2% of the revenue from enrollment fees. [EC § 76000, subd. (c)]
- Enrollment Fee Waiver Program: July 1, 1999 to July 4, 2000:** The costs of the Enrollment Fee Waiver Program are subject to offsets for low income students, recipients of public assistance, or dependents or surviving spouses of National Guard soldiers killed in the line of duty. Refer to the P's and G's, page 7, for the definition of these classifications.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS INDIRECT COST SUMMARY	FORM 1.1
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(01) Claimant	(02) Fiscal Year
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(03) Indirect Costs Computation

(a) Combined Claimant / Department Name	(b) Total Direct Costs Salaries & Benefits	(c) Indirect Cost Rate	(d) Indirect Cost Rate Base	(e) Total Indirect Cost
(04) Total Subtotal				

Program <b style="font-size: 24pt;">267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS COMPONENT/ACTIVITY COST DETAIL	FORM <b style="font-size: 24pt;">2
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(01) Claimant	(02) Fiscal Year
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(03) If filing a combined claim, enter the combined claimant name below. Electronic Claim Only	(04) If filing by departments with different indirect cost rates, enter the department name below. Electronic Claim Only
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(05) Indirect Cost Rate Electronic Claim Only	(06) Indirect Cost Rate Base Electronic Claim Only
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(07) Reimbursable Components: Check only one box per form to identify the component being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time Per Employee)
A. 2. Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(08) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate/No. of Items	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training

(09) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____	
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Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS COMPONENT/ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred. Claimant. Enter the name of the claimant.
- (03) Leave blank.
- *04) Leave blank
- (05) Leave blank.
- (06) Leave blank
- (07) Reimbursable Activities. Check the box that indicates the activity being claimed. Check only one box per form. A separate Form-2 must be prepared for each applicable activity.
- (08) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to SCO on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries and Benefits	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Salaries									
Benefits	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost=Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Cost= Unit Cost x Usage		
Travel and Training	Purpose of Trip	Per Diem Rate	Days						
Travel	Name and Title Departure and Return Date	Mileage Rate Travel Cost	Miles Travel Mode					Total Travel Cost = Rate x Days or Miles	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (09) Total line (08), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (09), columns (d) through (h) to Form-1, block (04), columns (a) through (e) in the appropriate row.

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-10
ENROLLMENT FEE COLLECTION AND WAIVERS

April 3, 2006

Revised September 12, 2009

In accordance with Government Code (GC) Section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Enrollment Fee Collection and Waivers (EFCW) program. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (Commission).

On April 24, 2003, the Commission determined that the test claim legislation established costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any community college that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with the State Controller's Office by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. Claims for fiscal year 2008-09 will be accepted without penalty if postmarked or delivered on before **February 16, 2010**. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. **Claims filed more than one year after the deadline will not be accepted.**

B. Late Penalty

1. Initial Claims

Late initial claims are assessed a late penalty of 10% of the total amount of the initial claims without limitation.

2. Annual Reimbursement Claims

Late annual reimbursement claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty.

Minimum Claim Cost

GC Section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities.

A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations.

Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a community college district for this mandate is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

Retention of Claiming Instructions

All documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. When no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Questions, or requests for hard copies of these instructions, should be faxed to LRSDAR at (916) 323-6527 or e-mailed to LRSDAR@sco.ca.gov or you may call the Local Reimbursements Section at (916) 324-5729. Future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard_mancost.html.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms. **To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS		For State Controller Use Only (19) Program Number 00267 (20) Date Filed (21) LRS Input	PROGRAM 267
(01) Claimant Identification Number		Reimbursement Claim Data	
(02) Claimant Name		(22) FORM-1, (04)(A)(1)(a)(f)	
County of Location		(23) FORM-1, (04)(A)(1)(b)(f)	
Street Address of P.O. Box	Suite	(24) FORM-1, (04)(A)(2)(a)(f)	
City	State	Zip Code	(25) FORM-1, (04)(B)(1)(a)(f)
	(03)	Type of Claim	(26) FORM-1, (04)(B)(1)(b)(f)
		(09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (04)(B)(2)(a)(f)
		(10) Combined <input type="checkbox"/>	(28) FORM-1, (04)(B)(2)(b)(f)
	(04)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (04)(B)(2)(c)(f)
	(05)		
Fiscal Year of Cost	(06)	(12)	(30) FORM-1, (05)
Total Claimed Amount	(07)	(13)	(31) FORM-1, (06)
Less: 10% Late Penalty (refer to attached instructions)		(14)	(32) FORM-1, (08)
Less: Prior Claim Payment Received		(15)	(33) FORM-1, (09)
Net Claimed Amount		(16)	(34) FORM-1, (10)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)
(37) CERTIFICATION OF CLAIM			
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.			
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.			
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Signature of Authorized Officer		Date Signed	_____
_____		Telephone Number	_____
_____		E-Mail Address	_____
Type or Print Name and Title of Authorized Signatory			
(38) Name of Agency Contact Person for Claim		Telephone Number	_____
_____		E-mail Address	_____
Name of Consulting Firm / Claim Preparer		Telephone Number	_____
_____		E-mail Address	_____

PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS Certification Claim Form Instructions for Form FAM-27	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown in the attached Form-1 line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: FAM-27 line(13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (04)(A)(1)(a), means the information is located on form Form-1, line (04)(A)(1), column (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, telephone number and email address. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If claim is prepared by external consultant, type or print the name of the consulting firm, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 700
 Sacramento, CA 95816

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY					FORM 1
(01) Claimant			(02)		Fiscal Year ____ / ____	
(03) Leave blank						
Direct Costs			Object Accounts			
(04) Reimbursable Activities	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a.	Preparing district policies & procedures for § IV. A.					
b.	Staff training (One time per employee)					
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a.	Calculating and collecting enrollment fees					
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a.	Preparing district policies & procedures for § IV. B.					
b.	Staff training (One time per employee)					
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a.	Adopting procedures, recording, and maintaining records					
b.	Waiving student fees					
c.	Reporting BOG fee waiver data to CCC					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate		[From OMB A-21, FAM-29C, or 7%]				%
(07) Total Indirect Costs		[Line (06) x line (05)(a)]				
(08) Total Direct and Indirect Costs		[Line (05)(f) + line (07)]				
Cost Reduction						
(09) Less: Offsetting Savings						
(10) Less: Other Reimbursements						
(11) Total Claimed Amount		[Line (08) - {line (09) + line (10)}]				

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY Instructions	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Claim Statistics. Leave blank.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from Form-2, line (05), columns (d) through (h) to Form -1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Community college districts may use the federally approved OMB A-21 rate, the rate computed using form FAM-29C, or a 7% indirect cost rate for the fiscal year of costs.
- (07) Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a result of this mandate. Submit a detailed schedule of savings with the claim.
- Enrollment Fee Collection Program:** The costs of the Enrollment Fee Collection program are subject to an offset of 2% of the revenue from enrollment fees. [EC § 76000, subd. (c)]
- Enrollment Fee Waiver Program: July 1, 1999 to July 4, 2000:** The costs of the Enrollment Fee Waiver Program are subject to offsets for low income students, recipients of public assistance, or dependents or surviving spouses of National Guard soldiers killed in the line of duty. Refer to the P's and G's, page 7, for the definition of these classifications.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant	(02) Fiscal Year
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

One-Time Activities

Ongoing Activities

A.1. Enrollment Fee Collection

A. 2. Enrollment Fee Collection

- Prepare District Policies & Procedures for § IV.A.
- Staff Training (One Time per Employee)

- Calculating and Collecting Enrollment Fees

B.1. Enrollment Fee Waiver

B.2. Enrollment Fee Waiver

- Prepare District Policies & Procedures for § IV.B.
- Staff Training (One Time per Employee)

- Adopting Procedures, Recording, and Maintaining Records
- Waiving Student Fees
- Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts
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(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ___ of ___						
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Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL Instructions	FORM 2
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries and Benefits	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Salaries									
Benefits	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost=Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Cost= Unit Cost x Usage		
Travel and Training	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode					Total Travel Cost = Rate x Days or Miles	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form 1, block (03), columns (a) through (e) in the appropriate row.

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-10
ENROLLMENT FEE COLLECTION AND WAIVERS

April 3, 2006

REVISED OCTOBER 30, 2010

In accordance with Government Code (GC) Section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Enrollment Fee Collection and Waivers (EFCW) program. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (Commission).

On April 24, 2003, the Commission determined that the test claim legislation constitutes a new program or higher level of service and imposes a reimbursable state-mandated program on community college districts within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

Requirements, Limitations, and Exceptions

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any community college that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. Claims for fiscal year 2009-10 will be accepted without penalty if postmarked or delivered on before **February 15, 2011. Claims filed more than one year after the deadline will not be accepted.**

B. Late Penalty

1. Initial Claims

Late initial claims are assessed a late penalty of 10% of the total amount of the initial claims without limitation.

2. Annual Reimbursement Claims

Annual reimbursement claims must be filed by February 15 of the following fiscal year in which cost were incurred or the claims will be reduced by a late penalty.

2009-10
10/10

Late annual reimbursement claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty.

Minimum Claim Cost

If the total costs for a given year do not exceed \$1,000, no reimbursement will be allowed except as otherwise allowed by GC Section 17564.

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within thirty days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, Subdivision (a), a reimbursement claim for actual costs filed by a CCD for this mandate is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Retention of Claim Documentation

All documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. If no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms. **To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

Mandated costs claiming instructions and forms are available online at the SCO's Web site: www.sco.ca.gov/ard_mancost.html. If you have questions, call the Local Reimbursements Section at (916) 624-5729 or email LRS DAR@sco.ca.gov.

ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM FOR PAYMENT	For State Controller Use Only	PROGRAM
	(19) Program Number 00267	267
	(20) Date Filed (21) LRS Input	

(01) Claimant Identification Number		Reimbursement Claim Data	
(02) Claimant Name		(22) FORM-1, (04) A. 1. a. (f)	
County of Location		(23) FORM-1, (04) A. 1. b. (f)	
Street Address of P.O. Box	Suite	(24) FORM-1, (04) A. 2. a. (f)	
City	State	Zip Code	(25) FORM-1, (04) B. 1. a. (f)
	(03) (04) (05)	Type of Claim	(26) FORM-1, (04) B. 1. b. (f)
		(09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (04) B. 2. a. (f)
		(10) Combined <input type="checkbox"/>	(28) FORM-1, (04) B. 2. b. (f)
		(11) Amended <input type="checkbox"/>	(29) FORM-1, (04) B. 2. c. (f)
Fiscal Year of Cost	(06)	(12)	(30) FORM-1, (05)
Total Claimed Amount	(07)	(13)	(31) FORM-1, (06)
Less: 10% Late Penalty (refer to attached Instructions)		(14)	(32) FORM-1, (08)
Less: Prior Claim Payment Received		(15)	(33) FORM-1, (09)
Net Claimed Amount		(16)	(34) FORM-1, (10)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.

I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

E-Mail Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

E-mail Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

E-mail Address _____

PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM FOR PAYMENT INSTRUCTIONS	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown in the attached Form-1 line (11). The total claimed amount must exceed \$1,000.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: FAM-27 line(13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (04) A. 1. a. (f), means the information is located on Form-1, line (04) A. 1. a., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, telephone number and email address. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If claim is prepared by external consultant, type or print the name of the consulting firm, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 700
 Sacramento, CA 95816

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM 1				
(01) Claimant		(02) Fiscal Year				
		___ / ___				
(03) Leave blank						
Direct Costs	Object Accounts					
	(a)	(b)	(c)	(d)	(e)	(f)
(04) Reimbursable Activities	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training	Total
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a.	Preparing district policies & procedures for § IV. A.					
b.	Staff training (One time per employee)					
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a.	Calculating and collecting enrollment fees					
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a.	Preparing district policies & procedures for § IV. B.					
b.	Staff training (One time per employee)					
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a.	Adopting procedures, recording, and maintaining records					
b.	Waiving student fees					
c.	Reporting BOG fee waiver data to CCC					
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate		[From OMB A-21, FAM-29C, or 7%]				%
(07) Total Indirect Costs		[Line (06) x line (05)(a)]				
(08) Total Direct and Indirect Costs		[Line (05)(f) + line (07)]				
Cost Reduction						
(09) Less: Offsetting Savings						
(10) Less: Other Reimbursements						
(11) Total Claimed Amount		[Line (08) - {line (09) + line (10)}]				

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY INSTRUCTIONS	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Claim Statistics. Leave blank.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from Form-2, line (05), columns (d) through (h) to Form -1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Community college districts may use the federally approved OMB A-21 rate, the rate computed using form FAM-29C, or a 7% indirect cost rate for the fiscal year of costs.
- (07) Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a result of this mandate. Submit a detailed schedule of savings with the claim.
- Enrollment Fee Collection Program:** The costs of the Enrollment Fee Collection program are subject to an offset of 2% of the revenue from enrollment fees. [EC § 76000, subd. (c)]
- Enrollment Fee Waiver Program: July 1, 1999 to July 4, 2000:** The costs of the Enrollment Fee Waiver Program are subject to offsets for low income students, recipients of public assistance, or dependents or surviving spouses of National Guard soldiers killed in the line of duty. Refer to the P's and G's, page 7, for the definition of these classifications.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program <b style="font-size: 24pt;">267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM <b style="font-size: 24pt;">2
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(01) Claimant	(02) Fiscal Year
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

One-Time Activities		Ongoing Activities	
A.1.	Enrollment Fee Collection	A. 2.	Enrollment Fee Collection
<input type="checkbox"/>	Prepare District Policies & Procedures for § IV.A.	<input type="checkbox"/>	Calculating and Collecting Enrollment Fees
<input type="checkbox"/>	Staff Training (One Time per Employee)	B.2.	Enrollment Fee Waiver
B.1.	Enrollment Fee Waiver	<input type="checkbox"/>	Adopting Procedures, Recording, and Maintaining Records
<input type="checkbox"/>	Prepare District Policies & Procedures for § IV.B.	<input type="checkbox"/>	Waiving Student Fees
<input type="checkbox"/>	Staff Training (One Time per Employee)	<input type="checkbox"/>	Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts			
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(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ___ of ___	
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Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries and Benefits	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Salaries									
Benefits	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost=Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Cost= Unit Cost x Usage		
Travel and Training	Purpose of Trip	Per Diem Rate	Days						
Travel	Name and Title Departure and Return Date	Mileage Rate Travel Cost	Miles Travel Mode					Total Travel Cost = Rate x Days or Miles	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form 1, block (03), columns (a) through (e) in the appropriate row.

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-10
ENROLLMENT FEE COLLECTION AND WAIVERS

APRIL 3, 2006

REVISED JULY 1, 2011

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Enrollment Fee Collection and Waivers program. The SCO issues these claiming instructions subsequent to adoption of the program's Parameters and Guidelines (P's & G's). The P's & G's are included as an integral part of the claiming instructions.

On April 24, 2003, the Commission on State Mandates (CSM) adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on community college districts (CCD) within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any CCD that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

Reimbursement Claim Deadline

Claims for the 2010-11 fiscal year may be filed by **February 15, 2012**, without a late penalty. **Claims filed more than one year after the filing date will not be accepted.**

Penalty

- **Initial Claims**

When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561, subdivision (d)(3).

- **Annual Reimbursement Claim**

When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty, pursuant to GC section 17568:

2010-11
7/11

Minimum Claim Cost

GC section 17564, subdivision (a), provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (\$1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. If no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of

initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Claim Submission

Submit a signed original FAM-27 and one copy with required documents. **Please sign the FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: www.sco.ca.gov/ard_mancost.html.

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

If you have any questions, you may e-mail LRSDAR@sco.ca.gov or call the Local Reimbursements Section at (916) 324-5729.

ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM FOR PAYMENT		For State Controller Use Only (19) Program Number 00267 (20) Date Filed (21) LRS Input	PROGRAM 267
(01) Claimant Identification Number		Reimbursement Claim Data	
(02) Claimant Name		(22) FORM 1, (04) A. 1. a. (f)	
County of Location		(23) FORM 1, (04) A. 1. b (f)	
Street Address or P.O. Box	Suite	(24) FORM 1, (04) A. 2. a.(f)	
City	State	Zip Code	(25) FORM 1, (04) B. 1. a.(f)
	Type of Claim		(26) FORM 1, (04) B. 1. b (f)
(03)	(09) Reimbursement	<input type="checkbox"/>	(27) FORM 1, (04) B.-2. a (f)
(04)	(10) Combined	<input checked="" type="checkbox"/>	(28) FORM 1, (04) B. 2. b. (f)
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM 1, (04) B. 2. c. (f)
(06)	(12)		(30) FORM 1, (05)
(07)	(13)		(31) FORM 1A, (06)
Less: 10% Late Penalty (refer to attached Instructions)		(14)	(32) FORM 1A, (08)
Less: Prior Claim Payment Received		(15)	(33) FORM 1A, (09)
Net Claimed Amount		(16)	(34) FORM 1A, (10)
(08)	(17)		(35)
Due to State		(18)	(36)
(37) CERTIFICATION OF CLAIM			
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount of this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
Signature of Authorized Officer		Date Signed	_____
_____		Telephone Number	_____
_____		E-Mail Address	_____
Type or Print Name and Title of Authorized Signatory			
(38) Name of Agency Contact Person for Claim		Telephone Number	_____
_____		E-mail Address	_____
Name of Consulting Firm / Claim Preparer		Telephone Number	_____
_____		E-mail Address	_____

PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM FOR PAYMENT INSTRUCTIONS	FORM FAM-27
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- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Not applicable
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown on Form 1 or Form 1A, line (11). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: FAM-27 line(13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form 1, (03)(a), means the information is located on Form 1, line (03), column (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the district's authorized officer, and must type or print name, title, date signed, telephone number, and e-mail address. **Claims cannot be paid unless accompanied by an original signed certification. (Please sign the FAM-27 in blue ink and attach the copy to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 700
 Sacramento, CA 95816

PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY					FORM 1	
(01) Claimant			(02)		Fiscal Year 20__/20__		
Claim Statistics							
(03) Leave blank							
Direct Costs		Object Accounts					
		(a)	(b)	(c)	(d)	(e)	(f)
(04) Reimbursable Activities		Salaries and Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)							
a. Preparing district policies & procedures for § IV. A.							
b. Staff training (One time per employee)							
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)							
a. Calculating and collecting enrollment fees							
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)							
a. Preparing district policies & procedures for § IV. B.							
b. Staff training (One time per employee)							
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)							
a. Adopting procedures, recording, and maintaining records							
b. Waiving student fees							
c. Reporting BOG fee waiver data to CCC							
(05) Total Direct Costs							
Indirect Costs							
(06) Indirect Cost Rate		[From OMB A-21, FAM-29C, or 7%]				%	
(07) Total Indirect Costs		[Line (06) x line (05)(a)]					
(08) Total Direct and Indirect Costs		[Line (05)(f) + line (07)]					
Cost Reduction							
(09) Less: Offsetting Revenues							
(10) Less: Other Reimbursements							
(11) Total Claimed Amount		[Line (08) - {(line (09) + line (10))}]					

PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY INSTRUCTIONS	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Leave blank.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Community college districts may use the federally approved OMB A-21 rate, the rate computed using form FAM-29C, or a 7% indirect cost rate for the fiscal year of costs.
- (07) Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Revenues. If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant	(02)	Fiscal Year 20__/20__
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

One-Time Activities A.1. Enrollment Fee Collection <input type="checkbox"/> Prepare District Policies & Procedures for § IV.A. <input type="checkbox"/> Staff Training (One Time per Employee) B.1. Enrollment Fee Waiver <input type="checkbox"/> Prepare District Policies & Procedures for § IV.B. <input type="checkbox"/> Staff Training (One Time per Employee)	Ongoing Activities A. 2. Enrollment Fee Collection <input type="checkbox"/> Calculating and Collecting Enrollment Fees B.2. Enrollment Fee Waiver <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC
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(04) Description of Expenses	Object Accounts
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(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ___ of ___	
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PROGRAM 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries and Benefits	Employee Name and Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost=Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage				Cost= Unit Cost x Usage		
Travel and Training	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode					Total Travel Cost = Rate x Days or Miles	
	Employee Name and Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (03), columns (a) through (e) in the appropriate row.

FILING A CLAIM

1. Introduction

The law in the State of California, (GC Sections 17500 through 17617), provides for the reimbursement of costs incurred by community college districts (CCD) for costs mandated by the State. Costs mandated by the State means any increased costs which a CCD is required to incur after July 1, 1980, as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program.

Estimated claims that show costs to be incurred in the current fiscal year and reimbursement claims that detail the costs actually incurred for the prior fiscal year may be filed with the State Controller's Office (SCO). Claims for on-going programs are filed annually by January 15. Claims for new programs are filed within 120 days from the date claiming instructions are issued for the program. A 10 percent penalty, up to \$1,000 for continuing claims, no limit for initial claims, is assessed for late claims. The SCO may audit the records of any CCD to verify the actual amount of mandated costs and may reduce any claim that is excessive or unreasonable.

When a program has been reimbursed for three or more years, the Commission on State Mandates (COSM) may approve the program for inclusion in the State Mandates Apportionment System (SMAS). For programs included in SMAS, the SCO determines the amount of each claimant's entitlement based on an average of three consecutive fiscal years of actual costs adjusted by any changes in the Implicit Price Deflator (IPD). Claimants with an established entitlement receive an annual apportionment adjusted by any changes in the IPD and, under certain circumstances, by any changes in workload. Claimants with an established entitlement do not file further claims for the program.

The SCO is authorized to make payments for costs of mandated programs from amounts appropriated by the State Budget Act, by the State Mandates Claims Fund, or by specific legislation. In the event the appropriation is insufficient to pay claims in full, claimants will receive prorated payments in proportion to the dollar amount of approved claims for the program. Balances of prorated payments will be made when supplementary funds are made available.

The instructions contained in this manual are intended to provide general guidance for filing a mandated cost claim. Since each mandate is administered separately, it is important to refer to the specific program for information relating to established policies on eligible reimbursable costs.

2. Types of Claims

There are three types of claims: Reimbursement, estimated, and entitlement. A claimant may file a reimbursement claim for actual mandated costs incurred in the prior fiscal year or may file an estimated claim for mandated costs to be incurred during the current fiscal year. An entitlement claim may be filed for the purpose of establishing a base year entitlement amount for mandated programs included in SMAS. A claimant who has established a base year entitlement for a program, would receive an automatic annual payment which is reflective of the current costs for the program.

All claims received by the SCO will be reviewed to verify actual costs. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable. The claim must be filed with sufficient documentation to support the costs claimed. The types of documentation required to substantiate a claim are identified in the instructions for the program. The certification of claim, form FAM-27, must be signed and dated by the entity's authorized officer in order for the SCO to make payment on the claim.

A. Reimbursement Claim

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. The claim must include supporting documentation to substantiate the costs claimed.

Initial reimbursement claims are first-time claims for reimbursement of costs for one or more prior fiscal years of a program that was previously unfunded. Claims are due 120 days from the date of issuance of the claiming instructions for the program by the SCO. The first statute that appropriates funds for the mandated program will specify the fiscal years for which costs are eligible for reimbursement.

Annual reimbursement claims must be filed by January 15 following the fiscal year in which costs were incurred for the program. A reimbursement claim must detail the costs actually incurred in the prior fiscal year.

An actual claim for 2005-06 fiscal year, may be filed by January 15, 2007 without a late penalty. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. However, initial reimbursement claims will be reduced by a late penalty of 10% with no limitation. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.

B. Estimated Claim

An estimated claim is defined in GC Section 17522 as any claim filed with the SCO, during the fiscal year in which the mandated costs are to be incurred by the CCD, against an appropriation made to the SCO for the purpose of paying those costs.

An estimated claim may be filed in conjunction with an initial reimbursement claim, annual reimbursement claim, or at other times for estimated costs to be incurred during the current fiscal year. Annual estimated claims are due January 15 of the fiscal year in which the costs are to be incurred. Initial estimated claims are due on the date specified in the claiming instructions. Timely filed estimated claims are paid before those filed after the deadline.

After receiving payment for an estimated claim, the claimant must file a reimbursement claim by January 15 following the fiscal year in which costs were incurred. If the claimant fails to file a reimbursement claim, monies received for the estimated claims must be returned to the State.

C. Entitlement Claim

An entitlement claim is defined in GC Section 17522 as any claim filed by a CCD with the SCO for the sole purpose of establishing or adjusting a base year entitlement for a mandated program that has been included in SMAS. An entitlement claim should not contain nonrecurring or initial start-up costs. There is no statutory deadline for the filing of entitlement claims. However, entitlement claims and supporting documents should be filed by January 15, following the third fiscal year used to develop the entitlement claim, to permit an orderly processing of claims. When the claims are approved and a base year entitlement amount is determined, the claimant will receive an apportionment reflective of the program's current year costs.

Once a mandate has been included in SMAS and the claimant has established a base year entitlement, the claimant will receive automatic payments from the SCO for the mandate. The automatic apportionment is determined by adjusting the claimant's base year entitlement for changes in the implicit price deflator of costs of goods and services to governmental agencies, as determined by the State Department of Finance. For programs approved by the COSM for inclusion in SMAS on or after January 1, 1988, the payment for each year succeeding the three

year base period is adjusted according to any changes by both the deflator and average daily attendance. Annual apportionments for programs included in the system are paid on or before November 30 of each year.

A base year entitlement is determined by computing an average of the claimant's costs for any three consecutive years after the program has been approved for the SMAS process. The amount is first adjusted according to any changes in the deflator. The deflator is applied separately to each year's costs for the three years, which comprise the base year. The SCO will perform this computation for each claimant who has filed claims for three consecutive years. If a claimant has incurred costs for three consecutive years but has not filed a claim in each of those years, the claimant may file an entitlement claim, form FAM-43, to establish a base year entitlement. The form FAM-43 is included in the claiming instructions for SMAS programs. An entitlement claim does not result in the claimant being reimbursed for the costs incurred, but rather entitles the claimant to receive automatic payments from SMAS.

3. Minimum Claim Amount

For initial claims and annual claims filed on or after September 30 2002, if the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by GC Section 17564.

4. Filing Deadline for Claims

Initial reimbursement claims (first-time claims) for reimbursement of costs of a previously unfunded mandated program must be filed within 120 days from the date of issuance of the program's claiming instructions by the SCO. If the initial reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% penalty. A claim filed more than one year after the deadline cannot be accepted for reimbursement.

Annual reimbursement claims for costs incurred during the previous fiscal year and estimated claims for costs to be incurred during the current fiscal year must be filed with the SCO and postmarked on or before January 15. If the annual or estimated reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% late penalty, not to exceed \$1,000. Claims must include supporting data to show how the amount claimed was derived. Without this information, the claim cannot be accepted.

Entitlement claims do not have a filing deadline. However, entitlement claims and supporting documents should be filed by January 15 to permit an orderly processing of claims. Entitlement claims are used to establish a base year entitlement amount for calculating automatic annual payments. Entitlement does not result in the claimant being reimbursed for costs incurred, but rather entitles the claimant to receive automatic payments from SMAS.

5. Payment of Claims

In order for the SCO to authorize payment of a claim, the Certification of Claim, form FAM-27, must be properly filled out, signed, and dated by the entity's authorized officer.

Reimbursement and estimated claims are paid within 60 days of the filing deadline for the claim, or 15 days after the date the appropriation for the claim is effective, whichever is later. A claimant is entitled to receive accrued interest at the pooled money investment account rate if the payment was made more than 60 days after the claim filing deadline or the actual date of claim receipt, whichever is later. For an initial claim, interest begins to accrue when the payment is made more than 365 days after the adoption of the program's statewide cost estimate. The SCO may withhold up to 20 percent of the amount of an initial claim until the claim is audited to verify the actual amount of the mandated costs. The 20 percent withheld is not subject to accrued interest.

In the event the amount appropriated by the Legislature is insufficient to pay the approved amount in full for a program, claimants will receive a prorated payment in proportion to the amount of approved claims timely filed and on hand at the time of proration.

The SCO reports the amounts of insufficient appropriations to the State Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each house of the Legislature, which consider appropriations in order to assure appropriation of these funds in the Budget Act. If these funds cannot be appropriated on a timely basis in the Budget Act, this information is transmitted to the COSM which will include these amounts in its report to assure that an appropriation sufficient to pay the claims is included in the next local government claims bill or other appropriation bills. When the supplementary funds are made available, the balance of the claims will be paid.

Unless specified in the statutes, regulations, or P's & G's, the determination of allowable and unallowable costs for mandates is based on the P's & G's adopted by the COSM. The determination of allowable reimbursable mandated costs for unfunded mandates is made by the COSM. The SCO determines allowable reimbursable costs, subject to amendment by the COSM, for mandates funded by special legislation. Unless specified, allowable costs are those direct and indirect costs, less applicable credits, considered to be eligible for reimbursement. In order for costs to be allowable and thus eligible for reimbursement, the costs must meet the following general criteria:

1. The cost is necessary and reasonable for proper and efficient administration of the mandate and not a general expense required to carry out the overall responsibilities of government.
2. The cost is allocable to a particular cost objective identified in the P's & G's.
3. The cost is net of any applicable credits that offset or reduce expenses of items allocable to the mandate.

The SCO has identified certain costs that should not be claimed as direct program costs unless specified as reimbursable under the program's P's & G's. These costs include, but are not limited to, subscriptions, depreciation, memberships, conferences, workshops general education, and travel costs.

6. State Mandates Apportionment System (SMAS)

Chapter 1534, Statutes of 1985, established SMAS, a method of paying certain mandated programs as apportionments. This method is utilized whenever a program has been approved for inclusion in SMAS by the COSM.

When a mandated program has been included in SMAS, the SCO will determine a base year entitlement amount for each CCD that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. A base year entitlement amount is determined by averaging the approved reimbursement claims (or entitlement claims) for 1982-83, 1983-84, and 1984-85 years or any three consecutive fiscal years thereafter. The amounts are first adjusted by any change in the Implicit Price Deflator (IPD), which is applied separately to each year's costs for the three years that comprise the base period. The base period means the three fiscal years immediately succeeding the COSM's approval.

Each CCD with an established base year entitlement for the program will receive automatic annual payments from the SCO reflective of the program's current year costs. The amount of apportionment is adjusted annually for any change in the IPD. If the mandated program was included in SMAS after January 1, 1988, the annual apportionment is adjusted for any change in both the IPD and average daily attendance.

In the event a CCD has incurred costs for three consecutive fiscal years but did not file a reimbursement claim in one or more of those fiscal years, the CCD may file an entitlement claim for each of those missed years to establish a base year entitlement. An "entitlement claim" means any

claim filed by CCD with the SCO for the sole purpose of establishing a base year entitlement. A base year entitlement shall not include any nonrecurring or initial start-up costs.

Initial apportionments are made on an individual program basis. After the initial year, all apportionments are made by November 30. The amount to be apportioned is the base year entitlement adjusted by annual changes in the IPD for the cost of goods and services to governmental agencies as determined by the State Department of Finance.

In the event the CCD determines that the amount of apportionment does not accurately reflect costs incurred to comply with a mandate, the process of adjusting an established base year entitlement upon which the apportionment is based is set forth in GC Section 17615.8 and requires the approval of the COSM.

7. Direct Costs

A direct cost is a cost that can be identified specifically with a particular program or activity. Each claimed reimbursable cost must be supported by documentation as described in Section 12. Costs that are typically classified as direct costs are:

(1) Employee Wages, Salaries, and Fringe Benefits

For each of the mandated activities performed, the claimant must list the names of the employees who worked on the mandate, their job classification, hours worked on the mandate, and rate of pay. The claimant may, in-lieu of reporting actual compensation and fringe benefits, use a productive hourly rate:

(a) Productive Hourly Rate Options

A CCD may use one of the following methods to compute productive hourly rates:

- Actual annual productive hours for each employee
- The weighted-average annual productive hours for each job title, or
- 1,800* annual productive hours for all employees

If actual annual productive hours or weighted-average annual productive hours for each job title is chosen, the claim must include a computation of how these hours were computed.

* 1,800 annual productive hours excludes the following employee time:

- Paid holidays
- Vacation earned
- Sick leave taken
- Informal time off
- Jury duty
- Military leave taken.

(b) Compute a Productive Hourly Rate

1. Compute a productive hourly rate for salaried employees to include actual fringe benefit costs. The methodology for converting a salary to a productive hourly rate is to compute the employee's annual salary and fringe benefits and divide by the annual productive hours.

Table 1: Productive Hourly Rate, Annual Salary + Benefits Method

Formula: $[(EAS + Benefits) \div APH] = PHR$ $[(\$26,000 + \$8,099) \div 1,800 \text{ hrs}] = 18.94$	Description: EAS = Employee's Annual Salary APH = Annual Productive Hours PHR = Productive Hourly Rate
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- As illustrated in Table 1, if you assume an employee's compensation was \$26,000 and \$8,099 for annual salary and fringe benefits, respectively, using the "Salary + Benefits Method," the productive hourly rate would be \$18.94. To convert a biweekly salary to EAS, multiply the biweekly salary by 26. To convert a monthly salary to EAS, multiply the monthly salary by 12. Use the same methodology to convert other salary periods.
2. A claimant may also compute the productive hourly rate by using the "Percent of Salary Method."

Table 2: Productive Hourly Rate, Percent of Salary Method

Example:		
Step 1: Fringe Benefits as a Percent of Salary		Step 2: Productive Hourly Rate
Retirement	15.00 %	Formula: $[(EAS \times (1 + FBR)) \div APH] = PHR$ $[(\$26,000 \times (1.3115)) \div 1,800] = \18.94
Social Security & Medicare	7.65	
Health & Dental Insurance	5.25	
Workers Compensation	3.25	
Total	31.15 %	
Description:		
EAS = Employee's Annual Salary		APH = Annual Productive Hours
FBR = Fringe Benefit Rate		PHR = Productive Hourly Rate

- As illustrated in Table 3, both methods produce the same productive hourly rate.

Reimbursement for personnel services includes, but is not limited to, compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include employer's contributions for social security, pension plans, insurance, workmen's compensation insurance and similar payments. These benefits are eligible for reimbursement as long as they are distributed equitably to all activities. Whether these costs are allowable is based on the following presumptions:

- The amount of compensation is reasonable for the service rendered.
- The compensation paid and benefits received are appropriately authorized by the governing board.
- Amounts charged for personnel services are based on payroll documents that are supported by time and attendance or equivalent records for individual employees.
- The methods used to distribute personnel services should produce an equitable distribution of direct and indirect allowable costs.

For each of the employees included in the claim, the claimant must use reasonable rates and hours in computing the wage cost. If a person of a higher-level job position, perform an activity which normally would be performed by a lower-level position, reimbursement for time spent is allowable at the average salary range for the lower-level position. The salary rate of the person at a higher-level position may be claimed if it can be shown that it was more cost effective in comparison to the performance by a person at the lower-level position under normal circumstances and conditions. The number of hours charged to an activity should reflect the time expected to complete the activity under normal circumstances and conditions. The numbers of hours in excess of normal expected hours are not reimbursable.

(c) Calculating an Average Productive Hourly Rate

In those instances where the parameters and guidelines allow a unit as a basis of claiming costs, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

Table 3: Calculating an Average Productive Hourly Rate

	<u>Time Spent</u>	<u>Productive Hourly Rate</u>	<u>Total Cost by Employee</u>
Employee A	1.25 hrs	\$6.00	\$7.50
Employee B	0.75 hrs	4.50	3.38
Employee C	3.50 hrs	10.00	35.00
Total	5.50 hrs		\$45.88
Average Productive Hourly Rate is \$45.88/5.50 hrs. = \$8.34			

(d) Employer's Fringe Benefits Contribution

A CCD has the option of claiming actual employer's fringe benefit contributions or may compute an average fringe benefit cost for the employee's job classification and claim it as a percentage of direct labor. The same time base should be used for both salary and fringe benefits when computing a percentage. For example, if health and dental insurance payments are made annually, use an annual salary. After the percentage of salary for each fringe benefit is computed, total them.

For example:

<u>Employer's Contribution</u>	<u>% of Salary</u>
Retirement	15.00%
Social Security	7.65%
Health and Dental Insurance	5.25%
Worker's Compensation	0.75%
Total	28.65%

(e) Materials and Supplies

Only actual expenses can be claimed for materials and supplies, which were acquired and consumed specifically for the purpose of a mandated program. The claimant must list the materials and supplies that were used to perform the mandated activity, the

number of units consumed, the cost per unit, and the total dollar amount claimed. Materials and supplies purchased to perform a particular mandated activity are expected to be reasonable in quality, quantity, and cost. Purchases in excess of reasonable quality, quantity, and cost are not reimbursable. Materials and supplies withdrawn from inventory and charged to the mandated activity must be based on a recognized method of pricing, consistently applied. Purchases shall be claimed at the actual price after deducting discounts, rebates and allowances received by the CCD.

(f) Calculating a Unit Cost for Materials and Supplies

In those instances where the P's & G's suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the materials and supplies component of the unit cost should be expressed as a unit cost of materials and supplies as shown in Table 1 or Table 2:

Table 1: Calculating A Unit Cost for Materials and Supplies

Supplies	<u>Cost Per Unit</u>	<u>Amount of Supplies Used Per Activity</u>	<u>Unit Cost of Supplies Per Activity</u>
Paper	0.02	4	\$0.08
Files	0.10	1	0.10
Envelopes	0.03	2	0.06
Photocopies	0.10	4	<u>0.40</u>
			<u>\$0.64</u>

Table 2: Calculating a Unit Cost for Materials and Supplies

Supplies	<u>Supplies Used</u>	<u>Unit Cost of Supplies Per Activity</u>
Paper (\$10.00 for 500 sheet ream)	250 Sheets	\$5.00
Files (\$2.50 for box of 25)	10 Folders	1.00
Envelopes (\$3.00 for box of 100)	50 Envelopes	1.50
Photocopies (\$0.05 per copy)	40 Copies	<u>2.00</u>
		<u>\$9.50</u>

If the number of reimbursable instances is 25, then the unit cost of supplies is \$0.38 per reimbursable instance (\$9.50/25).

(g) Contract Services

The cost of contract services is allowable if the CCD lacks the staff resources or necessary expertise, or it is economically feasible to hire a contractor to perform the mandated activity. The claimant must give the name of the contractor, explain the reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate shall not exceed the rate specified in the P's & G's for the mandated program. The contractor's

invoice, or statement, which includes an itemized list of costs for activities performed, must accompany the claim.

(h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate is reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must explain the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed.

(i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the parameters and guidelines for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed.

(j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must explain the purpose of the trip, identify the name and address of the persons incurring the expense, the date and time of departure and return for the trip, description of each expense claimed, the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

(k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C) outlined in the following paragraphs. If specifically allowed by a mandated program's P's & G's, a district may alternately choose to claim indirect costs using either (1) a federally approved rate prepared in

accordance with Office of Management and Budget (OMB) Circular A-21, *Cost Principles for Educational Institutions*; or (2) a flat 7% rate.

The SCO developed FAM-29C to be consistent with OMB Circular A-21, cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The FAM-29C methodology uses a direct cost base comprised of salary and benefit costs and operating expenses. Form FAM-29C provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses total expenditures that districts report in their *California Community Colleges Annual Financial and Budget Report (CCFS-311)*, Expenditures by Activity for the General Fund – Combined. The computation excludes Capital Outlay and Other Outgo in accordance with OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with OMB Circular A-21.

OMB Circular A-21, Section C.4, states that cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b. states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include Operation and Maintenance of Plant; Planning, Policy Making, and Coordination; General Institutional Support Services (excluding Community Relations); and depreciation or use allowance. Community Relations includes fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as a direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FORM FAM 29-C	
(1) Claimant			(02) Period of Claim			
Activity	EDP	Total Costs Per CCFS-311	Less: Capital Outlay and Other Outgo	FAM 29-C Adjusted Total	Indirect	Direct
Instructional Activities	599	\$ 51,792,408	\$ (230,904)	\$ 51,561,504		\$ 51,561,504
Instruct. Admin. & Instruct. Governance	6000	6,882,034	(216,518)	6,665,516		6,665,516
Instructional Support Services	6100	4,155,095	(9,348)	4,145,747		4,145,747
Admissions and Records	6200	2,104,543	(3,824)	2,100,719		2,100,719
Student Counseling and Guidance	6300	4,570,658	(1,605)	4,569,053		4,569,053
Other Student Services	6400	5,426,510	(41,046)	5,385,464		5,385,464
Operation and Maintenance of Plant	6500	8,528,585	(111,743)	8,416,842	8,416,842	-
Planning, Policy Making, and Coordination	6600	5,015,333	(23,660)	4,991,673	4,991,673	-
General Institutional Support Services	6700			-		-
Community Relations	6710	885,089	(6,091)	878,998		878,998
Fiscal Operations	6720	1,891,424	(40,854)	1,850,570	1,850,570	-
Human Resources Management	6730	1,378,288	(25,899)	1,352,389	1,352,389	-
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	1,011,060		1,011,060	1,011,060	-
Staff Development	6750	108,655	(8,782)	99,873	99,873	-
Staff Diversity	6760	30,125		30,125	30,125	-
Logistical Services	6770	2,790,091	(244,746)	2,545,345	2,545,345	-
Management Information Systems	6780	2,595,214	(496,861)	2,098,353	2,098,353	-
Other General Institutional Support Services	6790	33,155	(4,435)	28,720	28,720	-
Community Services and Economic Development	6800	340,014		340,014		340,014
Ancillary Services	6900	1,148,730	(296)	1,148,434		1,148,434
Auxiliary Operations	7000			-		-
Depreciation or Use Allowance - Building				-	2,620,741	
Depreciation or Use Allowance - Equipment				-	1,706,396	
Totals		<u>\$100,687,011</u>	<u>\$ (1,466,612)</u>	<u>\$ 99,220,399</u>	<u>\$26,752,087</u>	<u>\$ 76,795,449</u>
					(A)	(B)
Indirect Cost Rate (A)/(B)					<u>34.84%</u>	

9. Time Study Guidelines

Background

For costs incurred on or after January 1, 2005, a reasonable reimbursement methodology can be used as a formula for reimbursing CCD costs mandated by the state that meets certain conditions specified in GC Section 17518.5(a). For costs incurred prior to January 1, 2005, a time study can only be substituted for continuous records of actual time spent for a specific fiscal year if the program's P's & G's allows for the use of time studies.

Two methods are acceptable for documenting employee time charged to mandated cost programs: Actual Time Reporting and Time Study, which are described below. Application of time study results is restricted. As explained in Time Study Results below, the results may be projected forward a maximum of two years provided the claimant meets certain criteria.

Actual Time Reporting

The P's & G's define reimbursable activities for each mandated cost program. (Some P's & G's refer to reimbursable activities as reimbursable components.) When employees work on multiple activities and/or programs, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that meets the following standards (which clarify documentation requirements discussed under the Reimbursable Activities section of recent P's & G's):

- They must reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee;
- They must account for the total activity for which each employee is compensated;
- They must be prepared at least monthly and must coincide with one or more pay periods; and
- They must be signed by the employee.

Budget estimates or other distribution percentages determined before services are performed do not qualify as support for time distribution.

Time Study

In certain cases, a time study may be used to substitute for continuous records of actual time spent on multiple activities and/or programs. An effective time study requires that an activity be a task that is repetitive in nature. Activities that require a varying level of effort are not appropriate for time studies.

Time Study Plan

A time study plan is necessary before conducting the time study. The claimant must retain the time study plan for audit purposes. The plan needs to identify the following:

- Time period(s) to be studied – The plan must show that all time periods selected are representative of the fiscal year, and that the results can be reasonably projected to approximate actual costs.
- Activities and/or programs to be studied – For each mandated program included, the time study must separately identify each reimbursable activity defined in the mandated program's P's & G's, which are derived from the program's Statement of Decision. If a reimbursable activity in the P's & G's identifies separate and distinct sub-activities, they must also be treated as individual activities.

For example, sub-activities (a), (b), and (c) under reimbursable activity (B)(1) of the local agency's Domestic Violence Treatment Services: Authorization and Case Management program relate to information to be discussed during victim notification by the probation department and therefore are not separate and distinct activities. These sub-activities do not have to be separately studied.

- Process used to accomplish each reimbursable activity – Use flowcharts or similar analytical tools and/or written desk procedures to describe the process for each activity.
- Employee universe – The employee universe used in the time study must include all positions whose salaries and wages are to be allocated by means of the time study.
- Employee sample selection methodology – The plan must show that employees selected are representative of the employee universe, and the results can be reasonably projected to approximate actual costs. In addition, the employee sample size should be proportional to the variation in time spent to perform a task. The sample size should be larger for tasks with significant time variations.
- Time increments to be recorded – The time increments used should be sufficient to recognize the number of different activities performed and the dynamics of these responsibilities. Very large increments (such as one hour or more) might be used for employees performing only a few functions that change very slowly over time. Very small increments (a number of minutes) may be needed for employees performing more short-term tasks.

Random moment sampling is not an acceptable alternative to continuous time records for mandated cost claims. Random moment sampling techniques are most applicable in situations where employees perform many different types of activities on a variety of programs with small time increments throughout the fiscal year.

Time Study Documentation

Time studies must:

- Be supported by time records that are completed contemporaneously;
- Report activity on a daily basis;
- Be sufficiently detailed to reflect all mandated activities and/or programs performed during a specific time period; and
- Coincide with one or more pay periods.

Time records must be signed by the employee (electronic signatures are acceptable) and be supported by corroborating evidence which validates that the work was actually performed. As with actual time reporting, budget estimates or other distribution percentages determined before services are performed do not qualify as valid time studies.

Time Study Results

Time study results must be summarized to show how the time study supports the costs claimed for each activity. Any variations from the procedures identified in the original time study plan must be documented and explained.

Current-year costs must be used to prepare a time study. Claimants may project time study results to no more than two subsequent fiscal years. A claimant may not apply time study results retroactively.

- Annual Reimbursement Claims – Claimants may use time studies to support costs incurred on or after January 1, 2005. Claimants may not use time studies for the period July 1, 2004,

through December 31, 2004, unless (1) the program's P's & G's specifically allow time studies, and (2) the time study is prepared based on mandated activity occurring between July 1, 2004, and December 31, 2004.

- **Initial Claims** – When filing an initial claim for new mandated programs, claimants may only use time study results for costs incurred on or after January 1, 2005. Claimants may not use time studies to support costs incurred before January 1, 2005, unless (1) the program's P's & G's specifically allow time studies, and (2) the claimant prepares separate time studies for each fiscal year preceding January 1, 2005, based on mandated activity occurring during those years.

When projecting time study results, the claimant must certify that there have been no significant changes between years in either: (1) the requirements of each mandated program activity or (2) the processes and procedures used to accomplish the activity. For all years, the claimant must maintain corroborating evidence that validates the mandated activity was actually performed. Time study results used to support subsequent years' claims are subject to the recordkeeping requirements for those claims.

10. Offset Against State Mandated Claims

As noted previously, allowable costs are defined as those direct and indirect costs, less applicable credits, considered to be eligible for reimbursement. When all or part of the costs of a mandated program are specifically reimbursable from local assistance revenue sources (e.g., state, federal, foundation, etc.), only that portion of any increased costs payable from CCD funds is eligible for reimbursement under the provisions of GC Section 17561.

Example 1:

As illustrated in Table 5, this example shows how the "Offset against State Mandated Claims" is determined for a CCD receiving block grant revenues not based on a formula allocation. Program costs for each of the situations equals \$100,000.

Table 5: Offset Against State Mandates, Example 1

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$95,000	\$2,500	\$-0-	\$2,500
2.	100,000	97,000	2,500	-0-	2,500
3.	100,000	98,000	2,500	500	2,000
4.	100,000	100,000	2,500	2,500	-0-
5.	100,000 *	50,000	2,500	1,250	1,250
6.	100,000 *	49,000	2,500	250	2,250

* CCD share is \$50,000 of the program cost.

Numbers (1) through (4), in Table 5, show intended funding at 100% from local assistance revenue sources. Numbers (5) and (6) show cost sharing on a 50/50 basis with the district. In numbers (1) through (6), included in the program costs of \$100,000 are state mandated costs of \$2,500. The offset against state mandated claims are the amount of actual local assistance revenues, which exceeds the difference between program costs and state mandated costs. This offset cannot exceed the amount of state mandated costs.

In (1), local assistance revenues were less than expected. Local assistance funding was not in excess of the difference between program costs and state mandated costs. As a result, the offset against state mandated claims is zero and \$2,500 is claimable as mandated costs.

In (4), local assistance revenues were fully realized to cover the entire cost of the program, including the state mandate activity; therefore, the offset against state mandated claims is \$2,500, and claimable costs are \$0.

In (5), the district is sharing 50% of the project cost. Since local assistance revenues of \$50,000 were fully realized, the offset against state mandated claims is \$1,250.

In (6), local assistance revenues were less than the amount expended and the offset against state mandated claims is \$250. Therefore, the claimable mandated costs are \$2,250.

Example 2:

As illustrated in Table 6, this example shows how the offset against state mandated claims is determined for a CCD receiving special project funds based on approved actual costs. Local assistance revenues for special projects must be applied proportionately to approve costs.

Table 6: Offset Against State Mandates, Example 2

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$100,000	\$2,500	\$2,500	\$-0-
2.	100,000 **	75,000	2,500	1,875	625
3.	100,000 **	45,000	1,500	1,125	375

** CCD share is \$25,000 of the program cost.

In (2), the entire program cost was approved. Since the local assistance revenue source covers 75% of the program cost, it also proportionately covered 75% of the \$2,500 state mandated costs, or \$1,875.

If in (3) local assistance revenues are less than the amount expected because only \$60,000 of the \$100,000 program costs were determined to be valid by the contracting agency, then a proportionate share of state mandated costs is likewise reduced to \$1,500. The offset against state mandated claims is \$1,125. Therefore, the claimable mandated costs are \$375.

Federal and State Funding Sources

State school fund apportionments and federal aid for education, which are based on average daily attendance and are part of the general system of financing public schools as well as block grants which do not provide for specific reimbursement of costs (i.e., allocation formulas not tied to expenditures), should not be included as reimbursements from local assistance revenue sources.

Governing Authority

The costs of salaries and expenses of the governing authority, such as the school superintendent and governing board, are not reimbursable. These are costs of general government as described in the Office of Management and Budget Circular (OMB) 2 CFR Part 225.

11. Notice of Claim Adjustment

All claims submitted to the SCO are reviewed to determine if the claim was prepared in accordance with the claiming instructions. If any adjustments are made to a claim, the claimant will receive a "Notice of Claim Adjustments" detailing adjustments made by the SCO.

12. Audit of Costs

All claims submitted to the State Controller's Office (SCO) are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by CCD pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for three years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

13. Source Documents

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

For costs incurred on or after January 1, 2005, a reasonable reimbursement methodology can be used as a formula for reimbursing a CCD mandated by the state that meets certain conditions specified in 17518.5(a). For costs incurred prior to January 1, 2005, time study can substitute for continuous records of actual time spent for a specific fiscal year only if the program's P's & G's allow for the use of time studies.

14. Claim Forms and Instructions

A claimant may submit a computer generated report in substitution for Form-1 and Form-2, provided the format of the report and data fields contained within the report are identical to the claim forms included with these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file an estimated or reimbursement claim. The SCO will revise the manual and claim forms as necessary.

A. Form-2, Component/Activity Cost Detail

This form is used to segregate the detail costs by claim component. In some mandates, specific reimbursable activities have been identified for each component. The expenses reported on this form must be supported by the official financial records of the claimant and copies of supporting documentation, as specified in the claiming instructions, must be submitted with the claims. All supporting documents must be retained for a period of not less than three years after the reimbursement claim was filed or last amended.

B. Form-1, Claim Summary

This form is used to summarize direct costs by component and compute allowable indirect costs for the mandate. The direct costs summarized on this form are derived from Form-2 and are carried forward to form FAM-27.

A CCD has the option of using a federally approved rate (i.e., utilizing the cost accounting principles from the Office of Management and Budget (OMB) 2 CFR Part 225) or from FAM-29C.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the CCD. All applicable information from Form-1 must be carried forward onto this form in order for the SCO to process the claim for payment. An original and one copy of the FAM-27 is required.

Claims should be rounded to the nearest dollar. Submit a signed original and one copy of form FAM-27, Claim for Payment, and all other forms and supporting documents **(To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

15. Retention of Claiming Instructions

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. These revisions should be inserted in the School Mandated Cost Manual and the old forms they replace should be removed. The instructions should then be retained permanently for future reference, and the forms should be duplicated to meet your filing requirements. Annually, updated forms and any other information or instructions claimants may need to file claims, as well as instructions and forms for all new programs released throughout the

year will be placed on the SCO's web site at www.sco.ca.gov/ard/local/locreim/index.shtml.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, or send e-mail to lrsdar@sco.ca.gov, or call the Local Reimbursements Section at (916) 324-5729.

16. Retention of Claim Records and Supporting Documentation

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with the SCO's claiming instructions and the COSM's P's and G's. If any adjustments are made to a claim, a "Notice of Claim Adjustments" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

FILING A CLAIM

1. Introduction

The law in the State of California, (GC Sections 17500 through 17617), provides for the reimbursement of costs incurred by community college districts (CCD) for costs mandated by the State. Costs mandated by the State means any increased costs which a CCD is required to incur after July 1, 1980, as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program.

Estimated claims that show costs to be incurred in the current fiscal year and reimbursement claims that detail the costs actually incurred for the prior fiscal year may be filed with the State Controller's Office (SCO). Claims for on-going programs are filed annually by February 15. Claims for new programs are filed within 120 days from the date claiming instructions are issued for the program. A 10 percent penalty, up to \$10,000 for continuing claims, no limit for initial claims, is assessed for late claims. The SCO may audit the records of any CCD to verify the actual amount of mandated costs and may reduce any claim that is excessive or unreasonable.

When a program has been reimbursed for three or more years, the Commission on State Mandates (COSM) may approve the program for inclusion in the State Mandates Apportionment System (SMAS). For programs included in SMAS, the SCO determines the amount of each claimant's entitlement based on an average of three consecutive fiscal years of actual costs adjusted by any changes in the Implicit Price Deflator (IPD). Claimants with an established entitlement receive an annual apportionment adjusted by any changes in the IPD and, under certain circumstances, by any changes in workload. Claimants with an established entitlement do not file further claims for the program.

The SCO is authorized to make payments for costs of mandated programs from amounts appropriated by the State Budget Act, by the State Mandates Claims Fund, or by specific legislation. In the event the appropriation is insufficient to pay claims in full, claimants will receive prorated payments in proportion to the dollar amount of approved claims for the program. Balances of prorated payments will be made when supplementary funds are made available.

The instructions contained in this manual are intended to provide general guidance for filing a mandated cost claim. Since each mandate is administered separately, it is important to refer to the specific program for information relating to established policies on eligible reimbursable costs.

2. Types of Claims

There are three types of claims: Reimbursement, estimated, and entitlement. A claimant may file a reimbursement claim for actual mandated costs incurred in the prior fiscal year or may file an estimated claim for mandated costs to be incurred during the current fiscal year. An entitlement claim may be filed for the purpose of establishing a base year entitlement amount for mandated programs included in SMAS. A claimant who has established a base year entitlement for a program, would receive an automatic annual payment which is reflective of the current costs for the program.

All claims received by the SCO will be reviewed to verify actual costs. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable. The claim must be filed with sufficient documentation to support the costs claimed. The types of documentation required to substantiate a claim are identified in the instructions for the program. The certification of claim, form FAM-27, must be signed and dated by the entity's authorized officer in order for the SCO to make payment on the claim.

A. Reimbursement Claim

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. The claim must include supporting documentation to substantiate the costs claimed.

Initial reimbursement claims are first-time claims for reimbursement of costs for one or more prior fiscal years of a program that was previously unfunded. Claims are due 120 days from the date of issuance of the claiming instructions for the program by the SCO. The first statute that appropriates funds for the mandated program will specify the fiscal years for which costs are eligible for reimbursement.

Annual reimbursement claims must be filed by February 15 following the fiscal year in which costs were incurred for the program. A reimbursement claim must detail the costs actually incurred in the prior fiscal year.

An actual claim for 2006-07 fiscal year, may be filed by February 15, 2008 without a late penalty. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. However, initial reimbursement claims will be reduced by a late penalty of 10% with no limitation. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.

B. Estimated Claim

An estimated claim is defined in GC Section 17522 as any claim filed with the SCO, during the fiscal year in which the mandated costs are to be incurred by the CCD, against an appropriation made to the SCO for the purpose of paying those costs.

An estimated claim may be filed in conjunction with an initial reimbursement claim, annual reimbursement claim, or at other times for estimated costs to be incurred during the current fiscal year. Annual estimated claims are due February 15 of the fiscal year in which the costs are to be incurred. Initial estimated claims are due on the date specified in the claiming instructions. Timely filed estimated claims are paid before those filed after the deadline.

After receiving payment for an estimated claim, the claimant must file a reimbursement claim by February 15 following the fiscal year in which costs were incurred. If the claimant fails to file a reimbursement claim, monies received for the estimated claims must be returned to the State.

C. Entitlement Claim

An entitlement claim is defined in GC Section 17522 as any claim filed by a CCD with the SCO for the sole purpose of establishing or adjusting a base year entitlement for a mandated program that has been included in SMAS. An entitlement claim should not contain nonrecurring or initial start-up costs. There is no statutory deadline for the filing of entitlement claims. However, entitlement claims and supporting documents should be filed by February 15, following the third fiscal year used to develop the entitlement claim, to permit an orderly processing of claims. When the claims are approved and a base year entitlement amount is determined, the claimant will receive an apportionment reflective of the program's current year costs.

Once a mandate has been included in SMAS and the claimant has established a base year entitlement, the claimant will receive automatic payments from the SCO for the mandate. The automatic apportionment is determined by adjusting the claimant's base year entitlement for changes in the implicit price deflator of costs of goods and services to governmental agencies, as determined by the State Department of Finance. For programs approved by the COSM for inclusion in SMAS on or after January 1, 1988, the payment for each year succeeding the three

year base period is adjusted according to any changes by both the deflator and average daily attendance. Annual apportionments for programs included in the system are paid on or before November 30 of each year.

A base year entitlement is determined by computing an average of the claimant's costs for any three consecutive years after the program has been approved for the SMAS process. The amount is first adjusted according to any changes in the deflator. The deflator is applied separately to each year's costs for the three years, which comprise the base year. The SCO will perform this computation for each claimant who has filed claims for three consecutive years. If a claimant has incurred costs for three consecutive years but has not filed a claim in each of those years, the claimant may file an entitlement claim, form FAM-43, to establish a base year entitlement. The form FAM-43 is included in the claiming instructions for SMAS programs. An entitlement claim does not result in the claimant being reimbursed for the costs incurred, but rather entitles the claimant to receive automatic payments from SMAS.

3. Minimum Claim Amount

For initial claims and annual claims filed on or after September 30 2002, if the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by GC Section 17564.

4. Filing Deadline for Claims

Initial reimbursement claims (first-time claims) for reimbursement of costs of a previously unfunded mandated program must be filed within 120 days from the date of issuance of the program's claiming instructions by the SCO. If the initial reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% penalty. A claim filed more than one year after the deadline cannot be accepted for reimbursement.

Annual reimbursement claims for costs incurred during the previous fiscal year and estimated claims for costs to be incurred during the current fiscal year must be filed with the SCO and postmarked on or before February 15. If the annual or estimated reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% late penalty, not to exceed \$10,000. Claims must include supporting data to show how the amount claimed was derived. Without this information, the claim cannot be accepted.

Entitlement claims do not have a filing deadline. However, entitlement claims and supporting documents should be filed by February 15 to permit an orderly processing of claims. Entitlement claims are used to establish a base year entitlement amount for calculating automatic annual payments. Entitlement does not result in the claimant being reimbursed for costs incurred, but rather entitles the claimant to receive automatic payments from SMAS.

5. Payment of Claims

In order for the SCO to authorize payment of a claim, the Certification of Claim, form FAM-27, must be properly filled out, signed, and dated by the entity's authorized officer.

Reimbursement and estimated claims are paid within 60 days of the filing deadline for the claim, or 15 days after the date the appropriation for the claim is effective, whichever is later. A claimant is entitled to receive accrued interest at the pooled money investment account rate if the payment was made more than 60 days after the claim filing deadline or the actual date of claim receipt, whichever is later. For an initial claim, interest begins to accrue when the payment is made more than 365 days after the adoption of the program's statewide cost estimate. The SCO may withhold up to 20 percent of the amount of an initial claim until the claim is audited to verify the actual amount of the mandated costs. The 20 percent withheld is not subject to accrued interest.

Pursuant to GC section 17561 (d), the Controller shall pay any eligible claim by August 15 or 45 days after the date the appropriation for the claim is effective, whichever is later. In the event the amount appropriated by the Legislature is insufficient to pay the approved amount in full for a program, claimants will receive a prorated payment in proportion to the amount of approved claims timely filed and on hand at the time of proration.

The SCO reports the amounts of insufficient appropriations to the State Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each house of the Legislature, which consider appropriations in order to assure appropriation of these funds in the Budget Act. If these funds cannot be appropriated on a timely basis in the Budget Act, this information is transmitted to the COSM which will include these amounts in its report to assure that an appropriation sufficient to pay the claims is included in the next local government claims bill or other appropriation bills. When the supplementary funds are made available, the balance of the claims will be paid.

Unless specified in the statutes, regulations, or P's & G's, the determination of allowable and unallowable costs for mandates is based on the P's & G's adopted by the COSM. The determination of allowable reimbursable mandated costs for unfunded mandates is made by the COSM. The SCO determines allowable reimbursable costs, subject to amendment by the COSM, for mandates funded by special legislation. Unless specified, allowable costs are those direct and indirect costs, less applicable credits, considered to be eligible for reimbursement. In order for costs to be allowable and thus eligible for reimbursement, the costs must meet the following general criteria:

1. The cost is necessary and reasonable for proper and efficient administration of the mandate and not a general expense required to carry out the overall responsibilities of government.
2. The cost is allocable to a particular cost objective identified in the P's & G's.
3. The cost is net of any applicable credits that offset or reduce expenses of items allocable to the mandate.

The SCO has identified certain costs that should not be claimed as direct program costs unless specified as reimbursable under the program's P's & G's. These costs include, but are not limited to, subscriptions, depreciation, memberships, conferences, workshops general education, and travel costs.

6. State Mandates Apportionment System (SMAS)

Chapter 1534, Statutes of 1985, established SMAS, a method of paying certain mandated programs as apportionments. This method is utilized whenever a program has been approved for inclusion in SMAS by the COSM.

When a mandated program has been included in SMAS, the SCO will determine a base year entitlement amount for each CCD that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. A base year entitlement amount is determined by averaging the approved reimbursement claims (or entitlement claims) for 1982-83, 1983-84, and 1984-85 years or any three consecutive fiscal years thereafter. The amounts are first adjusted by any change in the Implicit Price Deflator (IPD), which is applied separately to each year's costs for the three years that comprise the base period. The base period means the three fiscal years immediately succeeding the COSM's approval.

Each CCD with an established base year entitlement for the program will receive automatic annual payments from the SCO reflective of the program's current year costs. The amount of apportionment is adjusted annually for any change in the IPD. If the mandated program was included in SMAS after January 1, 1988, the annual apportionment is adjusted for any change in both the IPD and average daily attendance.

In the event a CCD has incurred costs for three consecutive fiscal years but did not file a

reimbursement claim in one or more of those fiscal years, the CCD may file an entitlement claim for each of those missed years to establish a base year entitlement. An "entitlement claim" means any claim filed by CCD with the SCO for the sole purpose of establishing a base year entitlement. A base year entitlement shall not include any nonrecurring or initial start-up costs.

Initial apportionments are made on an individual program basis. After the initial year, all apportionments are made by November 30. The amount to be apportioned is the base year entitlement adjusted by annual changes in the IPD for the cost of goods and services to governmental agencies as determined by the State Department of Finance.

In the event the CCD determines that the amount of apportionment does not accurately reflect costs incurred to comply with a mandate, the process of adjusting an established base year entitlement upon which the apportionment is based is set forth in GC Section 17615.8 and requires the approval of the COSM.

7. Direct Costs

A direct cost is a cost that can be identified specifically with a particular program or activity. Each claimed reimbursable cost must be supported by documentation as described in Section 12. Costs that are typically classified as direct costs are:

(1) Employee Wages, Salaries, and Fringe Benefits

For each of the mandated activities performed, the claimant must list the names of the employees who worked on the mandate, their job classification, hours worked on the mandate, and rate of pay. The claimant may, in-lieu of reporting actual compensation and fringe benefits, use a productive hourly rate:

(a) Productive Hourly Rate Options

A CCD may use one of the following methods to compute productive hourly rates:

- Actual annual productive hours for each employee
- The weighted-average annual productive hours for each job title, or
- 1,800* annual productive hours for all employees

If actual annual productive hours or weighted-average annual productive hours for each job title is chosen, the claim must include a computation of how these hours were computed.

* 1,800 annual productive hours excludes the following employee time:

- Paid holidays
- Vacation earned
- Sick leave taken
- Informal time off
- Jury duty
- Military leave taken.

(b) Compute a Productive Hourly Rate

1. Compute a productive hourly rate for salaried employees to include actual fringe benefit costs. The methodology for converting a salary to a productive hourly rate is to compute the employee's annual salary and fringe benefits and divide by the annual productive hours.

Table 1: Productive Hourly Rate, Annual Salary + Benefits Method

Formula: $[(EAS + Benefits) \div APH] = PHR$ $[(\$26,000 + \$8,099) \div 1,800 \text{ hrs} = 18.94$	Description: EAS = Employee's Annual Salary APH = Annual Productive Hours PHR = Productive Hourly Rate
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- As illustrated in Table 1, if you assume an employee's compensation was \$26,000 and \$8,099 for annual salary and fringe benefits, respectively, using the "Salary + Benefits Method," the productive hourly rate would be \$18.94. To convert a biweekly salary to EAS, multiply the biweekly salary by 26. To convert a monthly salary to EAS, multiply the monthly salary by 12. Use the same methodology to convert other salary periods.
2. A claimant may also compute the productive hourly rate by using the "Percent of Salary Method."

Table 2: Productive Hourly Rate, Percent of Salary Method

Example:		
Step 1: Fringe Benefits as a Percent of Salary		Step 2: Productive Hourly Rate
Retirement	15.00 %	Formula: $[(EAS \times (1 + FBR)) \div APH] = PHR$ $[(\$26,000 \times (1.3115)) \div 1,800] = \18.94
Social Security & Medicare	7.65	
Health & Dental Insurance	5.25	
Workers Compensation	3.25	
Total	31.15 %	
Description:		
EAS = Employee's Annual Salary		APH = Annual Productive Hours
FBR = Fringe Benefit Rate		PHR = Productive Hourly Rate

- As illustrated in Table 3, both methods produce the same productive hourly rate.
- Reimbursement for personnel services includes, but is not limited to, compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include employer's contributions for social security, pension plans, insurance, workmen's compensation insurance and similar payments. These benefits are eligible for reimbursement as long as they are distributed equitably to all activities. Whether these costs are allowable is based on the following presumptions:
- The amount of compensation is reasonable for the service rendered.
 - The compensation paid and benefits received are appropriately authorized by the governing board.
 - Amounts charged for personnel services are based on payroll documents that are supported by time and attendance or equivalent records for individual employees.

- The methods used to distribute personnel services should produce an equitable distribution of direct and indirect allowable costs.

For each of the employees included in the claim, the claimant must use reasonable rates and hours in computing the wage cost. If a person of a higher-level job position, perform an activity which normally would be performed by a lower-level position, reimbursement for time spent is allowable at the average salary range for the lower-level position. The salary rate of the person at a higher-level position may be claimed if it can be shown that it was more cost effective in comparison to the performance by a person at the lower-level position under normal circumstances and conditions. The number of hours charged to an activity should reflect the time expected to complete the activity under normal circumstances and conditions. The numbers of hours in excess of normal expected hours are not reimbursable.

(c) Calculating an Average Productive Hourly Rate

In those instances where the parameters and guidelines allow a unit as a basis of claiming costs, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

Table 3: Calculating an Average Productive Hourly Rate

	<u>Time Spent</u>	<u>Productive Hourly Rate</u>	<u>Total Cost by Employee</u>
Employee A	1.25 hrs	\$6.00	\$7.50
Employee B	0.75 hrs	4.50	3.38
Employee C	3.50 hrs	10.00	35.00
Total	5.50 hrs		\$45.88
Average Productive Hourly Rate is $\$45.88 / 5.50 \text{ hrs.} = \8.34			

(d) Employer's Fringe Benefits Contribution

A CCD has the option of claiming actual employer's fringe benefit contributions or may compute an average fringe benefit cost for the employee's job classification and claim it as a percentage of direct labor. The same time base should be used for both salary and fringe benefits when computing a percentage. For example, if health and dental insurance payments are made annually, use an annual salary. After the percentage of salary for each fringe benefit is computed, total them.

For example:

<u>Employer's Contribution</u>	<u>% of Salary</u>
Retirement	15.00%
Social Security	7.65%
Health and Dental Insurance	5.25%
Worker's Compensation	0.75%
Total	<u>28.65%</u>

(e) Materials and Supplies

Only actual expenses can be claimed for materials and supplies, which were acquired and consumed specifically for the purpose of a mandated program. The claimant must list the materials and supplies that were used to perform the mandated activity, the number of units consumed, the cost per unit, and the total dollar amount claimed. Materials and supplies purchased to perform a particular mandated activity are expected to be reasonable in quality, quantity, and cost. Purchases in excess of reasonable quality, quantity, and cost are not reimbursable. Materials and supplies withdrawn from inventory and charged to the mandated activity must be based on a recognized method of pricing, consistently applied. Purchases shall be claimed at the actual price after deducting discounts, rebates and allowances received by the CCD.

(f) Calculating a Unit Cost for Materials and Supplies

In those instances where the P's & G's suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the materials and supplies component of the unit cost should be expressed as a unit cost of materials and supplies as shown in Table 1 or Table 2:

Table 1: Calculating A Unit Cost for Materials and Supplies

Supplies	Cost Per Unit	Amount of Supplies Used Per Activity	Unit Cost of Supplies Per Activity
Paper	0.02	4	\$0.08
Files	0.10	1	0.10
Envelopes	0.03	2	0.06
Photocopies	0.10	4	<u>0.40</u>
			<u>\$0.64</u>

Table 2: Calculating a Unit Cost for Materials and Supplies

Supplies	Supplies Used	Unit Cost of Supplies Per Activity
Paper (\$10.00 for 500 sheet ream)	250 Sheets	\$5.00
Files (\$2.50 for box of 25)	10 Folders	1.00
Envelopes (\$3.00 for box of 100)	50 Envelopes	1.50
Photocopies (\$0.05 per copy)	40 Copies	<u>2.00</u>
		<u>\$9.50</u>

If the number of reimbursable instances is 25, then the unit cost of supplies is \$0.38 per reimbursable instance (\$9.50/25).

(g) Contract Services

The cost of contract services is allowable if the CCD lacks the staff resources or necessary expertise, or it is economically feasible to hire a contractor to perform the mandated activity. The claimant must give the name of the contractor, explain the

reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate shall not exceed the rate specified in the P's & G's for the mandated program. The contractor's invoice, or statement, which includes an itemized list of costs for activities performed, must accompany the claim.

(h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate is reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must explain the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed.

(i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the parameters and guidelines for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed.

(j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must explain the purpose of the trip, identify the name and address of the persons incurring the expense, the date and time of departure and return for the trip, description of each expense claimed, the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

(k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C) outlined in the following paragraphs. If specifically allowed by a mandated program's P's & G's, a district may alternately choose to claim indirect costs using either (1) a federally approved rate prepared in accordance with Office of Management and Budget (OMB) Circular A-21, *Cost Principles for Educational Institutions*; or (2) a flat 7% rate.

The SCO developed FAM-29C to be consistent with OMB Circular A-21, cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The FAM-29C methodology uses a direct cost base comprised of salary and benefit costs and operating expenses. Form FAM-29C provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses total expenditures that districts report in their *California Community Colleges Annual Financial and Budget Report* (CCFS-311), Expenditures by Activity for the General Fund – Combined. The computation excludes Capital Outlay and Other Outgo in accordance with OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with OMB Circular A-21.

OMB Circular A-21, Section C.4, states that cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b. states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include Operation and Maintenance of Plant; Planning, Policy Making, and Coordination; General Institutional Support Services (excluding Community Relations); and depreciation or use allowance. Community Relations includes fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as a direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FORM FAM 29-C	
(1) Claimant			(02) Period of Claim			
Activity	EDP	Total Costs Per CCFS-311	Less: Capital Outlay and Other Outgo	FAM 29-C Adjusted Total	Indirect	Direct
Instructional Activities	599	\$ 51,792,408	\$ (230,904)	\$ 51,561,504		\$ 51,561,504
Instruct. Admin. & Instruct. Governance	6000	6,882,034	(216,518)	6,665,516		6,665,516
Instructional Support Services	6100	4,155,095	(9,348)	4,145,747		4,145,747
Admissions and Records	6200	2,104,543	(3,824)	2,100,719		2,100,719
Student Counseling and Guidance	6300	4,570,658	(1,605)	4,569,053		4,569,053
Other Student Services	6400	5,426,510	(41,046)	5,385,464		5,385,464
Operation and Maintenance of Plant	6500	8,528,585	(111,743)	8,416,842	8,416,842	-
Planning, Policy Making, and Coordination	6600	5,015,333	(23,660)	4,991,673	4,991,673	-
General Institutional Support Services	6700			-		-
Community Relations	6710	885,089	(6,091)	878,998		878,998
Fiscal Operations	6720	1,891,424	(40,854)	1,850,570	1,850,570	-
Human Resources Management	6730	1,378,288	(25,899)	1,352,389	1,352,389	-
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	1,011,060		1,011,060	1,011,060	-
Staff Development	6750	108,655	(8,782)	99,873	99,873	-
Staff Diversity	6760	30,125		30,125	30,125	-
Logistical Services	6770	2,790,091	(244,746)	2,545,345	2,545,345	-
Management Information Systems	6780	2,595,214	(496,861)	2,098,353	2,098,353	-
Other General Institutional Support Services	6790	33,155	(4,435)	28,720	28,720	-
Community Services and Economic Development	6800	340,014		340,014		340,014
Ancillary Services	6900	1,148,730	(296)	1,148,434		1,148,434
Auxiliary Operations	7000			-		-
Depreciation or Use Allowance - Building				-	2,620,741	
Depreciation or Use Allowance - Equipment				-	1,706,396	
				-		
Totals		<u>\$100,687,011</u>	<u>\$ (1,466,612)</u>	<u>\$ 99,220,399</u>	<u>\$26,752,087</u>	<u>\$ 76,795,449</u>
					(A)	(B)
Indirect Cost Rate (A)/(B)					<u>34.84%</u>	

9. Time Study Guidelines

Background

For costs incurred on or after January 1, 2005, a reasonable reimbursement methodology can be used as a formula for reimbursing CCD costs mandated by the state that meets certain conditions specified in GC Section 17518.5(a). For costs incurred prior to January 1, 2005, a time study can only be substituted for continuous records of actual time spent for a specific fiscal year if the program's P's & G's allows for the use of time studies.

Two methods are acceptable for documenting employee time charged to mandated cost programs: Actual Time Reporting and Time Study, which are described below. Application of time study results is restricted. As explained in Time Study Results below, the results may be projected forward a maximum of two years provided the claimant meets certain criteria.

Actual Time Reporting

The P's & G's define reimbursable activities for each mandated cost program. Some P's & G's refer to reimbursable activities as reimbursable components. When employees work on multiple activities and/or programs, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that meets the following standards which clarify documentation requirements discussed under the Reimbursable Activities section of recent P's & G's:

- They must reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee;
- They must account for the total activity for which each employee is compensated;
- They must be prepared at least monthly and must coincide with one or more pay periods; and
- They must be signed by the employee.

Budget estimates or other distribution percentages determined before services are performed do not qualify as support for time distribution.

Time Study

In certain cases, a time study may be used to substitute for continuous records of actual time spent on multiple activities and/or programs. An effective time study requires that an activity be a task that is repetitive in nature. Activities that require a varying level of effort are not appropriate for time studies.

Time Study Plan

A time study plan is necessary before conducting the time study. The claimant must retain the time study plan for audit purposes. The plan needs to identify the following:

- Time period(s) to be studied: The plan must show that all time periods selected are representative of the fiscal year, and that the results can be reasonably projected to approximate actual costs.
- Activities and/or programs to be studied: For each mandated program included, the time study must separately identify each reimbursable activity defined in the mandated program's P's & G's, which are derived from the program's Statement of Decision. If a reimbursable activity in the P's & G's identifies separate and distinct sub-activities, they must also be treated as individual activities.

For example, sub-activities (a), (b), and (c) under reimbursable activity (B)(1) of the local agency's Domestic Violence Treatment Services: Authorization and Case Management program relate to information to be discussed during victim notification by the probation department and therefore are not separate and distinct activities. These sub-activities do not have to be separately studied.

- Process used to accomplish each reimbursable activity: Use flowcharts or similar analytical tools and/or written desk procedures to describe the process for each activity.
- Employee universe: The employee universe used in the time study must include all positions whose salaries and wages are to be allocated by means of the time study.
- Employee sample selection methodology: The plan must show that employees selected are representative of the employee universe, and the results can be reasonably projected to approximate actual costs. In addition, the employee sample size should be proportional to the variation in time spent to perform a task. The sample size should be larger for tasks with significant time variations.
- Time increments to be recorded: The time increments used should be sufficient to recognize the number of different activities performed and the dynamics of these responsibilities. Very large increments (such as one hour or more) might be used for employees performing only a few functions that change very slowly over time. Very small increments (a number of minutes) may be needed for employees performing more short-term tasks.

Random moment sampling is not an acceptable alternative to continuous time records for mandated cost claims. Random moment sampling techniques are most applicable in situations where employees perform many different types of activities on a variety of programs with small time increments throughout the fiscal year.

Time Study Documentation

Time studies must:

- Be supported by time records that are completed contemporaneously;
- Report activity on a daily basis;
- Be sufficiently detailed to reflect all mandated activities and/or programs performed during a specific time period; and
- Coincide with one or more pay periods.

Time records must be signed by the employee (electronic signatures are acceptable) and be supported by corroborating evidence which validates that the work was actually performed. As with actual time reporting, budget estimates or other distribution percentages determined before services are performed do not qualify as valid time studies.

Time Study Results

Time study results must be summarized to show how the time study supports the costs claimed for each activity. Any variations from the procedures identified in the original time study plan must be documented and explained.

Current-year costs must be used to prepare a time study. Claimants may project time study results to no more than two subsequent fiscal years. A claimant may not apply time study results retroactively.

- Annual Reimbursement Claims: Claimants may use time studies to support costs incurred on or after January 1, 2005. Claimants may not use time studies for the period July 1, 2004,

through December 31, 2004, unless (1) the program's P's & G's specifically allow time studies, and (2) the time study is prepared based on mandated activity occurring between July 1, 2004, and December 31, 2004.

- **Initial Claims:** When filing an initial claim for new mandated programs, claimants may only use time study results for costs incurred on or after January 1, 2005. Claimants may not use time studies to support costs incurred before January 1, 2005, unless (1) the program's P's & G's specifically allow time studies, and (2) the claimant prepares separate time studies for each fiscal year preceding January 1, 2005, based on mandated activity occurring during those years.

When projecting time study results, the claimant must certify that there have been no significant changes between years in either: (1) the requirements of each mandated program activity or (2) the processes and procedures used to accomplish the activity. For all years, the claimant must maintain corroborating evidence that validates the mandated activity was actually performed. Time study results used to support subsequent years' claims are subject to the recordkeeping requirements for those claims.

10. Offset Against State Mandated Claims

As noted previously, allowable costs are defined as those direct and indirect costs, less applicable credits, considered to be eligible for reimbursement. When all or part of the costs of a mandated program are specifically reimbursable from local assistance revenue sources (e.g., state, federal, foundation, etc.), only that portion of any increased costs payable from CCD funds is eligible for reimbursement under the provisions of GC Section 17561.

Example 1:

As illustrated in Table 5, this example shows how the "Offset Against State Mandated Claims" is determined for a CCD receiving block grant revenues not based on a formula allocation. Program costs for each situation equals \$100,000.

Table 5: Offset Against State Mandates, Example 1

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$95,000	\$2,500	\$-0-	\$2,500
2.	100,000	97,000	2,500	-0-	2,500
3.	100,000	98,000	2,500	500	2,000
4.	100,000	100,000	2,500	2,500	-0-
5.	100,000 *	50,000	2,500	1,250	1,250
6.	100,000 *	49,000	2,500	250	2,250

* CCD share is \$50,000 of the program cost.

Numbers (1) through (4), in Table 5, show intended funding at 100% from local assistance revenue sources. Numbers (5) and (6) show cost sharing on a 50/50 basis with the district. In numbers (1) through (6), included in the program costs of \$100,000 are state mandated costs of \$2,500. The offset against state mandated claims are the amount of actual local assistance revenues, which exceeds the difference between program costs and state mandated costs. This offset cannot exceed the amount of state mandated costs.

In (1), local assistance revenues were less than expected. Local assistance funding was not in excess of the difference between program costs and state mandated costs. As a result, the offset against state mandated claims is zero and \$2,500 is claimable as mandated costs.

In (4), local assistance revenues were fully realized to cover the entire cost of the program, including the state mandate activity; therefore, the offset against state mandated claims is \$2,500, and claimable costs are \$0.

In (5), the district is sharing 50% of the project cost. Since local assistance revenues of \$50,000 were fully realized, the offset against state mandated claims is \$1,250.

In (6), local assistance revenues were less than the amount expended and the offset against state mandated claims is \$250. Therefore, the claimable mandated costs are \$2,250.

Example 2:

As illustrated in Table 6, this example shows how the offset against state mandated claims is determined for a CCD receiving special project funds based on approved actual costs. Local assistance revenues for special projects must be applied proportionately to approve costs.

Table 6: Offset Against State Mandates, Example 2

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$100,000	\$2,500	\$2,500	\$-0-
2.	100,000 **	75,000	2,500	1,875	625
3.	100,000 **	45,000	1,500	1,125	375

** CCD share is \$25,000 of the program cost.

In (2), the entire program cost was approved. Since the local assistance revenue source covers 75% of the program cost, it also proportionately covered 75% of the \$2,500 state mandated costs, or \$1,875.

If in (3) local assistance revenues are less than the amount expected because only \$60,000 of the \$100,000 program costs were determined to be valid by the contracting agency, then a proportionate share of state mandated costs is likewise reduced to \$1,500. The offset against state mandated claims is \$1,125. Therefore, the claimable mandated costs are \$375.

Federal and State Funding Sources

State school fund apportionments and federal aid for education, which are based on average daily attendance and are part of the general system of financing public schools as well as block grants which do not provide for specific reimbursement of costs (i.e., allocation formulas not tied to expenditures), should not be included as reimbursements from local assistance revenue sources.

Governing Authority

The costs of salaries and expenses of the governing authority, such as the school superintendent and governing board, are not reimbursable. These are costs of general government as described in the Office of Management and Budget Circular (OMB) 2 CFR Part 225.

11. Notice of Claim Adjustment

All claims submitted to the SCO are reviewed to determine if the claim was prepared in accordance with the claiming instructions. If any adjustments are made to a claim, the claimant will receive a "Notice of Claim Adjustments" detailing adjustments made by the SCO.

12. Audit of Costs

All claims submitted to the State Controller's Office (SCO) are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by CCD pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for three years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

13. Source Documents

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

For costs incurred on or after January 1, 2005, a reasonable reimbursement methodology can be used as a formula for reimbursing a CCD mandated by the state that meets certain conditions specified in 17518.5(a). For costs incurred prior to January 1, 2005, time study can substitute for continuous records of actual time spent for a specific fiscal year only if the program's P's & G's allow for the use of time studies.

14. Claim Forms and Instructions

A claimant may submit a computer generated report in substitution for Form-1 and Form-2, provided the format of the report and data fields contained within the report are identical to the claim forms included with these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file an estimated or reimbursement claim. The SCO will revise the manual and claim forms as necessary.

A. Form-2, Component/Activity Cost Detail

This form is used to segregate the detail costs by claim component. In some mandates, specific reimbursable activities have been identified for each component. The expenses reported on this form must be supported by the official financial records of the claimant and copies of supporting documentation, as specified in the claiming instructions, must be submitted with the claims. All supporting documents must be retained for a period of not less than three years after the reimbursement claim was filed or last amended.

B. Form-1, Claim Summary

This form is used to summarize direct costs by component and compute allowable indirect costs for the mandate. The direct costs summarized on this form are derived from Form-2 and are carried forward to form FAM-27.

A CCD has the option of using a federally approved rate (i.e., utilizing the cost accounting principles from the Office of Management and Budget (OMB) 2, CFR Part 225) or from form FAM-29C.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the CCD. All applicable information from Form-1 must be carried forward onto this form in order for the SCO to process the claim for payment. An original and one copy of the FAM-27 are required.

Claims should be rounded to the nearest dollar. Submit a signed original and one copy of form FAM-27, Claim for Payment, and all other forms and supporting documents (**To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**) Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

15. Retention of Claiming Instructions

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. These revisions should be inserted in the School Mandated Cost Manual and the old forms they replace should be removed. The instructions should then be retained permanently for future reference, and the forms should be duplicated to meet your filing requirements. Annually, updated forms and any other information or instructions claimants may need to file claims, as well as instructions and forms for all new programs released throughout the

year will be placed on the SCO's web site at www.sco.ca.gov/ard/local/locreim/index.shtml.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, or send e-mail to lrsdar@sco.ca.gov, or call the Local Reimbursements Section at (916) 324-5729.

16. Retention of Claim Records and Supporting Documentation

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with the SCO's claiming instructions and the COSM's P's and G's. If any adjustments are made to a claim, a "Notice of Claim Adjustments" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

FILING A CLAIM

1. Introduction

The law in the State of California, (GC Sections 17500 through 17617), provides for the reimbursement of costs incurred by community college districts (CCD) for costs mandated by the State. Costs mandated by the State means any increased costs which a CCD is required to incur after July 1, 1980, as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program.

A reimbursement claim is defined in GC Section 17522 as any claim filed with the State Controller's Office by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. An actual claim for the 2007-08 fiscal year, may be filed by February 15, 2009, without a late penalty. If the filing deadline falls on a weekend or holiday, the filing deadline will be the next business day. Since the 15th falls on a weekend in 2009, claims will be accepted without penalty if postmarked or delivered on before February 17th, 2009. Ongoing reimbursement claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. Amended claims filed after the filing deadline will be reduced by 10% of the increased amount not to exceed \$10,000 for the total claim. Initial reimbursement claims filed after the filing deadline will be reduced by a late penalty of 10% with no limitation. Claims filed more than one year after the deadline will not be accepted by the SCO.

In order for a claim to be considered properly filed, it must include documentation to support the indirect cost rate if the indirect cost rate exceeds 7 percent. A more detailed discussion of the indirect cost methods available to community colleges may be found in Section 9 of these instructions. Documentation to support actual costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

When a program has been reimbursed for three or more years, the Commission on State Mandates (CSM) may approve the program for inclusion in the State Mandates Apportionment System (SMAS). For programs included in SMAS, the SCO determines the amount of each claimant's entitlement based on an average of three consecutive fiscal years of actual costs adjusted by any changes in the Implicit Price Deflator (IPD). Claimants with an established entitlement receive an annual apportionment adjusted by any changes in the IPD and, under certain circumstances, by any changes in workload. Claimants with an established entitlement do not need to file further claims for the program.

The SCO is authorized to make payments for costs of mandated programs from amounts appropriated by the State Budget Act, by the State Mandates Claims Fund, or by specific legislation. In the event the appropriation is insufficient to pay claims in full, claimants will receive prorated payments in proportion to the dollar amount of approved claims for the program. Balances of prorated payments will be made when supplementary funds become available.

These claiming instructions are issued to help claimants prepare paper, and/or electronic mandated cost claims, for submission to the SCO. These instructions are based upon the State of California statutes, regulations, and parameters and guidelines (P's & G's) adopted by the CSM. Since each mandate is administered separately, it is important to refer to the P's and G's for each program for information relating to established policies and eligible reimbursable costs.

2. Electronic Filing: Local Government e-Claims (LGeC)

LGeC enables claimants and their consultants to securely prepare and submit mandated cost claims via the Internet. LGeC uses a series of data input screens to collect the information needed to prepare a claim and provides a web service so claims can be uploaded in batch files. LGeC also incorporates an attachment feature so claimants can electronically attach supporting documentation if required. The only documentation required to be submitted with the claim is the

support for the indirect cost rate if the indirect cost rate exceeds 10%. A more detailed discussion of the indirect cost methodologies available to community colleges may be found in Section 9 of this manual. All other documentation to support actual costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of this manual.

The LGeC system provides an easy and straightforward approach to the claiming process. Filing claims using LGeC eliminates the manual preparation and submission of paper claims by CCDs and the receiving, processing, key entry, verification, and storage of the paper claims by the SCO. LGeC also provides mathematical checks and automated error detection to reduce erroneous and incomplete claims, provides the State with an electronic workflow process, and stores the claims in an electronic format. Making the change from paper claims to electronic claims reduces the manual handling of paper claims and decreases the costs incurred for postage, handling, and storage of claims filed using the LGeC system

In order to use the LGeC system you will need to obtain a user ID and password for each person who will access the LGeC system. To obtain a User ID and password you must file an application with the SCO. The application and instructions are available on the LGeC website located at <https://www.sco/ard/local/lgec/index.shtml>. Complete the application and other documents as requested and mail them to the SCO using the address provided in the instructions. The SCO will process the application and issue a User ID and password to each applicant.

In addition, you may want to subscribe to an email distribution list to automatically receive timely, comprehensive information regarding mandated cost claim receipts, payments, test claims, guidelines, electronic claims, and other news and updates. You also will receive related audit reports and mandate information disseminated by other state agencies.

You can find more information about LGeC and the email distribution lists at <https://www.sco/ard/local/lgec/index.shtml>. This website provides access to the LGeC system, an application for User ID's and passwords, an instructional guide, FAQ's and additional help files. Questions about the information on this website may be directed to LRSDAR@sco.ca.gov, or to Angie Lowi Teng at the Division of Accounting and Reporting, Local Reimbursements Section, Local Government e-Claims, (916) 323-0706.

3. Types of Claims

Claimants may file a reimbursement claim for actual mandated costs incurred in the prior fiscal year. An entitlement claim may be filed for the purpose of establishing a base year entitlement amount for mandated programs included in SMAS. A claimant who has established a base year entitlement for a program, would receive an automatic annual payment which is reflective of the current costs for the program.

All claims received by the SCO will be reviewed to verify actual costs. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable.

A. Reimbursement Claim

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a CCD for reimbursement of costs incurred for which an appropriation is made for paying the claim.

Initial reimbursement claims are first-time claims for reimbursement of costs for one or more prior fiscal year(s) of a program that was previously unfunded. Claims are due 120 days from the date of issuance of the claiming instructions for the program by the SCO. The first statute that appropriates funds for the mandated program will specify the fiscal years for which costs are eligible for reimbursement.

Annual ongoing reimbursement claims must be filed by February 15th following the fiscal year in

which costs were incurred for the program. If the filing deadline falls on a weekend or holiday, the filing deadline will be the next business day. Since February 15th falls on a weekend in 2009, claims will be accepted without penalty if postmarked or delivered on before February 17th, 2009.

In order for a claim to be considered properly filed, it must include documentation to support the indirect cost rate if the indirect cost rate exceeds seven percent. A more detailed discussion of the indirect cost methods available to community colleges may be found in Section 9 of this manual.

Documentation to support actual costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of this manual.

B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 17, 2008, will not be accepted for reimbursement.

C. Entitlement Claim

An entitlement claim is defined in GC Section 17522 as any claim filed by a CCD with the SCO for the sole purpose of establishing or adjusting a base year entitlement for a mandated cost program that has been included in SMAS. An entitlement claim should not contain nonrecurring or initial start-up costs. There is no statutory deadline for the filing of entitlement claims. However, entitlement claims should be filed by February 15th, following the third fiscal year used to develop the entitlement claim, to permit an orderly processing of claims. When the claims are approved and a base year entitlement amount is determined, the claimant will receive an apportionment reflective of the program's current year costs.

The automatic apportionment is determined by adjusting the claimant's base year entitlement for changes in the IPD of costs of goods and services to governmental agencies, as determined by the State Department of Finance. For programs approved by the CSM for inclusion in SMAS on or after January 1, 1988, the payment for each year succeeding the three year base period is adjusted according to any changes by both the IPD and average daily attendance (ADA).

The SCO will perform this computation for each claimant who has filed claims for three consecutive years. If a claimant has incurred costs for three consecutive years but has not filed a claim in each of those years, the claimant may file an entitlement claim, form FAM-43, to establish a base year entitlement. The form FAM-43 is included in the claiming instructions for SMAS programs. An entitlement claim does not result in the claimant being reimbursed for the costs incurred, but rather entitles the claimant to receive automatic payments from SMAS. Annual apportionments for programs included in the SMAS system are paid on or before November 30th of each year.

4. Minimum Claim Amount

For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given year do not exceed \$1,000 no reimbursement shall be allowed except as otherwise allowed by GC Section 17564.

5. Filing Deadline for Claims

Pursuant to GC Section 17561(d) initial reimbursement claims (first time claims) for reimbursement of costs of a previously unfunded mandated program must be filed within 120 days from the date the SCO issues the claiming instructions for the program.

When paying a timely filed claim for initial reimbursement, the Controller shall withhold 20 percent of the amount of the claim until the claim is audited to verify the actual amount of the mandated costs.

Initial reimbursement claims filed after the filing deadline shall be reduced by 10 percent of the amount that would have been allowed had the claim been timely filed. The Controller may withhold payment of any late claim for initial reimbursement until the next deadline for funded claims unless sufficient funds are available to pay the claim after all timely filed claims have been paid. All initial reimbursement claims for all fiscal years required to be filed on their initial filing date for a state-mandated local program shall be considered as one claim for the purpose of computing any late claim penalty.

In no case may a reimbursement claim be paid if submitted more than one year after the filing deadline specified in the Controller's claiming instructions on funded mandates.

Pursuant to GC Section 17560, annual reimbursement claims (recurring claims) for costs incurred during the previous fiscal year must be filed with the SCO and postmarked on or before February 15th following the fiscal year in which costs were incurred. If the filing deadline falls on a weekend or holiday, the filing deadline will be the next business day. Since February 15th falls on a weekend in 2009, claims will be accepted without penalty if postmarked or delivered on or before February 17th, 2009.

If the annual reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% late penalty, not to exceed \$10,000. Amended claims filed after the deadline will be reduced by 10% of the increased amount not to exceed \$10,000 for the total claim. Claims filed more than one year after the deadline cannot be accepted for reimbursement.

Entitlement claims do not have a filing deadline. However, entitlement claims should be filed by February 15th to permit orderly processing of the claims.

6. Payment of Claims

In order for the SCO to authorize payment of a claim, the Certification of Claim, form FAM-27, must be properly filled out, signed, and dated by the entity's authorized officer. When using the LGeC system the logon id and password of the authorized officer is used for the signature and is applied by the LGeC system when the claim is submitted. Pursuant to GC 17561(d), reimbursement claims are paid by August 15, or 45 days after the date the appropriation for the claim is effective, whichever is later. In the event the amount appropriated by the Legislature is insufficient to pay the approved amount in full for a program, claimants will receive a prorated payment in proportion to the amount of approved claims timely filed and on hand at the time of proration.

A claimant is entitled to receive accrued interest at the pooled money investment account rate if the payment was made more than 60 days after the claim filing deadline or the actual date of claim receipt, whichever is later. For an initial claim, interest begins to accrue when the payment is made more than 365 days after the adoption of the program's statewide cost estimate. The SCO may withhold up to 20 percent of the amount of an initial claim until the claim is audited to verify the actual amount of the mandated costs.

The SCO reports the amounts of insufficient appropriations to the State Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each house of the Legislature, who consider appropriations in order to assure appropriation of these funds in the Budget Act. If these funds cannot be appropriated on a timely basis in the Budget Act, this information is transmitted to the CSM which will include these amounts in its report to assure that an appropriation sufficient to pay the claims is included in the next local government claims bill or other appropriation bills. Any balances remaining on these claims will be paid when supplementary funds are made available.

Unless specified in the statutes, regulations, or P's & G's, the determination of allowable and unallowable costs for mandates is based on the P's & G's adopted by the CSM. The determination of allowable reimbursable mandated costs for unfunded mandates is made by the CSM. The SCO determines allowable reimbursable costs, subject to amendment by the CSM, for mandates funded by special legislation. Allowable costs are those direct and indirect costs, less applicable credits, considered eligible for reimbursement. In order for costs to be allowable and thus eligible for reimbursement, the costs must meet the following general criteria:

1. The cost is necessary and reasonable for proper and efficient administration of the mandate and not a general expense required to carry out the overall responsibilities of government.
2. The cost is allocable to a particular cost objective identified in the P's & G's.
3. The cost is net of any applicable credits that offset or reduce expenses of items allocable to the mandate.

The SCO has identified certain costs that should not be claimed as direct program costs unless specified as reimbursable under the program's P's & G's. These costs include, but are not limited to, subscriptions, depreciation, memberships, conferences, workshops, general education, and travel costs.

7. State Mandates Apportionment System (SMAS)

Chapter 1534, Statutes of 1985, established SMAS, a method of paying certain mandated programs as apportionments. This method is utilized whenever a program has been approved for inclusion in SMAS by the CSM.

When a mandated program has been included in SMAS, the SCO will determine a base year entitlement amount for each CCD that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. A base year entitlement amount is determined by averaging the approved reimbursement claims (or entitlement claims) for 1982-83, 1983-84, and 1984-85 years or any three consecutive fiscal years thereafter. The amounts are first adjusted by any change in the IPD, which is applied separately to each year's costs for the three years that comprise the base period. The base period means the three fiscal years immediately succeeding the CSM's approval.

Each CCD with an established base year entitlement for the program will receive automatic annual payments from the SCO reflective of the program's current year costs. The apportionment amount is adjusted annually for any change in the IPD. If the mandated program was included in SMAS after January 1, 1988, the annual apportionment is adjusted for any change in both the IPD and ADA.

In the event a CCD has incurred costs for three consecutive fiscal years but did not file a reimbursement claim in one or more of those fiscal years, the CCD may file an entitlement claim for each of those missed years to establish a base year entitlement. An "entitlement claim" means any claim filed by a CCD with the SCO for the sole purpose of establishing a base year entitlement. A base year entitlement shall not include any nonrecurring or initial start-up costs.

Initial apportionments are made on an individual program basis. After the initial year, all apportionments are made by November 30th. The amount to be apportioned is the base year entitlement adjusted by annual changes in the IPD for the cost of goods and services to governmental agencies as determined by the State Department of Finance.

In the event the CCD determines that the amount of apportionment does not accurately reflect costs incurred to comply with a mandate, the process of adjusting an established base year entitlement upon which the apportionment is based is set forth in GC Section 17615.8 and requires the approval of the CSM.

8. Direct Costs

A direct cost is a cost that can be identified specifically with a particular program or activity. Documentation to support direct costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions. Costs typically classified as direct costs are:

(1) Employee Wages, Salaries, and Fringe Benefits

For each of the mandated activities performed, the claimant must list the names of the employees who worked on the mandate, their job classification, hours worked on the mandate, and rate of pay. The claimant may use a productive hourly rate in-lieu of reporting actual compensation and fringe benefits:

(a) Productive Hourly Rate Options

A CCD may use one of the following methods to compute productive hourly rates:

- Actual annual productive hours for each employee
- The weighted-average annual productive hours for each job title, or
- 1,800* annual productive hours for all employees

If actual annual productive hours or weighted-average annual productive hours for each job title is chosen, the claimant must maintain documentation of how these hours were computed. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

* 1,800 annual productive hours excludes the following employee time:

- Paid holidays;
- Vacation earned;
- Sick leave taken;
- Informal time off;
- Jury duty;
- Military leave taken.

(b) Compute a Productive Hourly Rate

1. Compute a productive hourly rate for salaried employees to include actual fringe benefit costs. The methodology for converting a salary to a productive hourly rate is to compute the employee's annual salary and fringe benefits and divide by the annual productive hours.

Table 1: Productive Hourly Rate, Annual Salary + Benefits Method

Formula:	Description:
$[(EAS + Benefits) \div APH] = PHR$	EAS = Employee's Annual Salary
	APH = Annual Productive Hours
$[(\$26,000 + \$8,099) \div 1,800 \text{ hrs}] = 18.94$	PHR = Productive Hourly Rate

- As illustrated in Table 1, if you assume an employee's compensation was \$26,000 and \$8,099 for annual salary and fringe benefits, respectively, using the "Salary + Benefits Method," the productive hourly rate would be \$18.94. To convert a biweekly salary to EAS, multiply the biweekly salary by 26. To convert a monthly salary to EAS, multiply the monthly salary by 12. Use the same methodology to convert other salary periods.

- 2. A claimant may also compute the productive hourly rate by using the "Percent of Salary Method."

Table 2: Productive Hourly Rate, Percent of Salary Method

Example:			
Step 1: Fringe Benefits as a Percent of Salary		Step 2: Productive Hourly Rate	
Retirement	15.00 %	Formula:	
Social Security & Medicare	7.65	$[(EAS \times (1 + FBR)) \div APH] =$	
Health & Dental Insurance	5.25		
Workers Compensation	3.25	$[(\$26,000 \times (1.3115)) \div 1,800]$	
		$= \$18.94$	
Total	31.15 %		
Description:			
EAS = Employee's Annual Salary		APH = Annual Productive Hours	
FBR = Fringe Benefit Rate		PHR = Productive Hourly Rate	

- As illustrated in Table 3, both methods produce the same productive hourly rate.

Reimbursement for personnel services includes, but is not limited to, compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include employer's contributions for social security, pension plans, insurance, workers compensation insurance and similar payments. These benefits are eligible for reimbursement as long as they are distributed equitably to all activities. Whether these costs are allowable is based on the following presumptions:

- The amount of compensation is reasonable for the service rendered.
- The compensation paid and benefits received are appropriately authorized by the governing board.
- Amounts charged for personnel services are based on payroll documents that are supported by time and attendance or equivalent records for individual employees.
- The methods used to distribute personnel services should produce an equitable distribution of direct and indirect allowable costs.

For each of the employees included in the claim, the claimant must use reasonable rates and hours in computing the wage cost. If a person of a higher-level position, performs an activity which normally would be performed by a lower-level position, reimbursement for time spent is allowable at the average salary range for the lower-level position. The salary rate of the person at a higher-level position may be claimed if it can be shown that it was more cost effective in comparison to the performance by a person at the lower-level position under normal circumstances and conditions. The number of hours charged to an activity should reflect the time expected to complete the activity under normal circumstances and conditions. The numbers of hours in excess of normal expected hours

are not reimbursable. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

(c) Calculating an Average Productive Hourly Rate

In those instances where the P's & G's allow a unit as a basis of claiming costs, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

Table 3: Calculating an Average Productive Hourly Rate

	<u>Time Spent</u>	<u>Productive Hourly Rate</u>	<u>Total Cost by Employee</u>
Employee A	1.25 hrs	\$6.00	\$7.50
Employee B	0.75 hrs	4.50	3.38
Employee C	3.50 hrs	10.00	35.00
Total	5.50 hrs		\$45.88
Average Productive Hourly Rate is $\$45.88/5.50 \text{ hrs.} = \8.34			

(d) Employer's Fringe Benefits Contribution

A CCD has the option of claiming actual employer's fringe benefit contributions or may compute an average fringe benefit cost for the employee's job classification and claim it as a percentage of direct labor. The same time base should be used for both salary and fringe benefits when computing a percentage. For example, if health and dental insurance payments are made annually, use an annual salary. After the percentage of salary for each fringe benefit is computed, total them. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions. For example:

<u>Employer's Contribution</u>	<u>% of Salary</u>
Retirement	15.00%
Social Security	7.65%
Health and Dental Insurance	5.25%
Worker's Compensation	0.75%
Total	<u>28.65%</u>

(e) Materials and Supplies

Only actual expenses can be claimed for materials and supplies, which were acquired and consumed specifically for the purpose of a mandated program. The claimant must list the materials and supplies that used to perform the mandated activity, the number of units consumed, the cost per unit, and the total dollar amount claimed. Materials and supplies in excess of reasonable quality, quantity, and cost are not reimbursable. Materials and supplies withdrawn from inventory and charged to the mandated activity must be based on a recognized method of pricing, consistently applied. Purchases shall be claimed at the actual price after deducting discounts, rebates and allowances received by the CCD. Documentation to support these costs must be kept on hand by

the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

(f) Calculating a Unit Cost for Materials and Supplies

In those instances where the P's & G's suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the materials and supplies component of the unit cost should be expressed as a unit cost of materials and supplies as shown in Table 1 or Table 2:

Table 1: Calculating A Unit Cost for Materials and Supplies

Supplies	Cost Per Unit	Amount of Supplies Used Per Activity	Unit Cost of Supplies Per Activity
Paper	0.02	4	\$0.08
Files	0.10	1	0.10
Envelopes	0.03	2	0.06
Photocopies	0.10	4	<u>0.40</u>
			<u>\$0.64</u>

Table 2: Calculating a Unit Cost for Materials and Supplies

Supplies	Supplies Used	Unit Cost of Supplies Per Activity
Paper (\$10.00 for 500 sheet ream)	250 Sheets	\$5.00
Files (\$2.50 for box of 25)	10 Folders	1.00
Envelopes (\$3.00 for box of 100)	50 Envelopes	1.50
Photocopies (\$0.05 per copy)	40 Copies	<u>2.00</u>
		<u>\$9.50</u>

If the number of reimbursable instances is 25, then the unit cost of supplies is \$0.38 per reimbursable instance (\$9.50/25).

(g) Contract Services

The cost of contract services is allowable if the CCD lacks the staff resources or necessary expertise, or it is economically feasible to hire a contractor to perform the mandated activity. The claimant must keep documentation on hand to support the name of the contractor, explain the reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate shall not exceed the rate specified in the P's & G's for the mandated program. The contractor's invoice, or statement, which includes an itemized list of costs for activities performed. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

(h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate are reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must maintain documentation to support the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

(i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the P's & G's for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

(j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must maintain documentation to support the purpose of the trip, the name and address of the persons incurring the expense, the date and time of departure and return, a description of each expense claimed, and the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking. Receipts are required for charges over \$10.00. Documentation to support these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

(k) Documentation

It is the responsibility of the claimant to maintain documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate. The documentation supporting these costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of these instructions.

9. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services, and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C), or if specifically allowed by a mandated cost program's P's & G's, a district may choose to claim indirect costs using

either (1) a federally approved rate prepared in accordance with the Office of Management and Budget (OMB) Circular A-21, *Cost Principles for Educational Institutions*; or (2) a flat 7% rate. The FAM-29C indirect cost rate and the flat 7% indirect cost rate are applied to *Salaries and Benefits Only*, whereas the federally approved rate is applied to the allocation base used in developing the federally approved rate.

If indirect costs are calculated using the OMB Circular A-21 methodology with a base other than *Salaries and Benefits Only*, the claim cannot be filed using the Local Government e-Claims system as LGeC does not support cost bases other than *Salaries and Benefits Only*. Instead, these claims must be filed manually using paper forms.

However, if indirect costs are calculated using the OMB Circular A-21 methodology using *Salaries and Benefits Only* in the base, then the claims can be filed using either the LGeC system or the manual paper process. In these cases, the indirect cost rate is calculated in accordance with the chosen methodology and keyed into the mandated cost form on the appropriate line (usually Form 1, line (06)), *Indirect Cost Rate*. The LGeC system will apply that rate to *Salaries and Benefits Only* (usually Form 1, line (5)(a) to arrive at the total indirect costs (usually Form 1, line (7)). If the rate is applied to anything other than *Salaries and Benefits Only*, then the claim must be filed manually using paper forms.

The SCO developed form FAM-29C to be consistent with the OMB Circular A-21 cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The methodology used in form FAM-29C is a direct cost base comprised of salary and benefit costs. This provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses expenditures that districts report in their California Community Colleges Annual Financial and Budget Report (CCFS-311), Expenditures by Activity for the General Fund – Combined. The computation excludes capital outlay and other outgo in accordance with the OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with the OMB Circular A-21.

The OMB Circular A-21, Section C.4, states that a cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b., states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

The OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD's. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in the OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include operation and maintenance of plant; planning, policy making, and coordination; general institutional support services (excluding community relations); and depreciation or use allowance. Community relations include fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST					FORM
INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FAM 29-C
(1) Claimant					
Activity	EDP	Salaries and Benefits per CCFS-311	Operating Expenses per CCFS-311	Indirect-Salaries, Benefits, and Operating Expenses	Direct-Salaries and Benefits only
Instructional Activities	599	\$46,249,931	\$ 8,289,190		\$ 46,249,931
Instruct. Admin. & Instruct. Governance	6000	5,181,935	631,615		5,181,935
Instructional Support Services	6100	4,361,061	445,196		4,361,061
Admissions and Records	6200	1,251,539	96,634		1,251,539
Student Counseling and Guidance	6300	3,373,121	80,201		3,373,121
Other Student Services	6400	5,511,511	1,116,904		5,511,511
Operation and Maintenance of Plant	6500	5,192,099	3,192,398	8,384,497	
Planning, Policy Making, and Coordination	6600	2,562,909	1,096,833	3,659,742	
General Institutional Support Services	6700				
Community Relations	6710	446,207	228,320	674,527	
Fiscal Operations	6720	2,342,316	315,019	2,657,335	
Human Resources Management	6730	1,057,387	102,600	1,159,987	
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	1,327,125	-	1,327,125	
Staff Development	6750	1,295	34,931	36,226	
Staff Diversity	6760	449,392	394,915	844,307	
Logistical Services	6770	2,853,609	354,953	3,208,562	
Management Information Systems	6780	2,386,511	894,685	3,281,196	
Other General Institutional Support Services	6790	19,635	1,679	21,314	
Community Services and Economic Development	6800	963,036	688,648		963,036
Ancillary Services	6900	723,450	224,961		723,450
Auxiliary Operations	7000	565,859	12,179.00		565,859
Depreciation or Use Allowance - Building				2,620,741	
Depreciation or Use Allowance - Equipment				721,097	
Totals		<u>\$86,819,928</u>	<u>\$ 18,201,861</u>	<u>\$28,596,656</u>	<u>\$68,181,443</u>
				(A)	(B)
				<u>41.94%</u>	
Indirect Cost Rate (A)/(B)					

10. Time Study Guidelines

Background

A reasonable reimbursement methodology, which meets certain conditions specified in Government Code section 17518.5, subdivision (a), can be used as a "formula for reimbursing local agency and school district costs mandated by the state."

Two methods are acceptable for documenting employee time charged to mandated cost programs: Actual Time Reporting and Time Study. These methods are described below. Application of time study results is restricted. As explained in the Time Study Results section below, the results may be projected forward a maximum of two years or applied retroactively to initial claims, current-year claims, and late-filed claims, provided certain criteria are met.

Actual Time Reporting

Each program's parameters and guidelines define reimbursable activities for the mandated cost program. (Some parameters and guidelines refer to reimbursable activities as reimbursable components.) When employees work on multiple activities and/or programs, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that meets the following standards (which clarify documentation requirements discussed in the Reimbursable Activities section of recent parameters and guidelines):

- They must reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee;
- They must account for the total activity for which each employee is compensated;
- They must be prepared at least monthly and must coincide with one or more pay periods; and
- They must be signed by the employee.

Budget estimates or other distribution percentages determined before services are performed do not qualify as support for actual time reporting.

Time Study

In certain cases, a time study may be used as a substitute for continuous records of actual time spent on multiple activities and/or programs. A time study can be used for an activity when the task is repetitive in nature. Activities that require varying levels of effort are not appropriate for time studies.

Time Study Plan

The claimant must develop a time study plan before a time study is conducted. The claimant must retain the time study plan for audit purposes. The plan must identify the following:

- Time period(s) to be studied - the plan must show that all time periods selected are representative of the fiscal year and that the results can be reasonably projected to approximate actual costs.
- Activities and/or programs to be studied - for each mandated program included, the time study must separately identify each reimbursable activity defined in the mandated program's parameters and guidelines, which are derived from the program's statement of decision. If a reimbursable activity in the parameters and guidelines identifies separate and distinct sub-activities, these sub-activities also must be treated as individual activities.

For example, sub-activities (a), (b), and (c) under reimbursable activity (B)(1) of the local

agency's Domestic Violence Treatment Services: Authorization and Case Management Program, relate to information to be discussed during victim notification by the probation department and therefore are not separate and distinct activities. It is not necessary to separately study these sub-activities.

- Process used to accomplish each reimbursable activity - use flowcharts or similar analytical tools and/or written desk procedures to describe the process followed to complete each activity.
- Employee universe - the employee universe used in the time study must include all positions whose salaries and wages are to be allocated by means of the time study.
- Employee sample selection methodology - the plan must show that employees selected are representative of the employee universe and that the results can be reasonably projected to approximate actual costs. In addition, the employee sample size should be proportional to the variation in time spent to perform a task. The sample size should be larger for tasks with significant time variations.
- Time increments to be recorded - the time increments used should be sufficient to recognize the number of different activities performed and the dynamics of these responsibilities. Very large increments (such as one hour or more) can be used for employees performing only a few functions that change very slowly over time. Small increments (a number of minutes) can be used for employees performing more short-term tasks.

Random-moment sampling is not an acceptable alternative to continuous time records for mandated cost claims. Random-moment sampling techniques are most applicable in situations where employees perform many different types of activities on a variety of programs with small time increments throughout the fiscal year.

Time Study Documentation

Time studies must:

- Be supported by time records that are completed contemporaneously;
- Report activity on a daily basis;
- Be sufficiently detailed to reflect all mandated activities and/or programs performed during a specific time period; and
- Coincide with one or more pay periods.

Time records must be signed by the employee and be supported by documentation that validates that the work was actually performed. As with actual time reporting, budget estimates or other distribution percentages determined before services are performed do not qualify as valid time studies.

Time Study Results

Claimants must summarize time study results to show how the time study supports the costs claimed for each activity. Any variations from the procedures identified in the original time study plan must be documented and explained. Current-year costs must be used to prepare a time study. Claimants may project time study results to no more than two subsequent fiscal years. A claimant also may apply time study results retroactively to initial claims, current-year claims, and late-filed claims.

When projecting time study results, the claimant must certify that no significant changes have occurred between years in either (1) the requirements of each mandated program activity; or (2) the processes and procedures used to accomplish the activity. For all years, the claimant must

maintain documentation that shows that the mandated activity was actually performed. Time study results used to support claims are subject to the record-keeping requirements for those claims.

11. Offset Against State Mandated Claims

As noted previously, allowable costs are defined as those direct and indirect costs, less applicable credits, considered eligible for reimbursement. When all or part of the costs of a mandated program are specifically reimbursable from local assistance revenue sources (e.g., state, federal, foundation, etc.), only that portion of any increased costs payable from CCD funds is eligible for reimbursement under the provisions of GC Section 17561.

Example 1:

As illustrated in Table 5, this example shows how the "Offset Against State Mandated Claims" is determined for a CCD receiving block grant revenues not based on a formula allocation. Program costs for each situation equals \$100,000.

Table 5: Offset Against State Mandates, Example 1

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$95,000	\$2,500	\$-0-	\$2,500
2.	100,000	97,000	2,500	-0-	2,500
3.	100,000	98,000	2,500	500	2,000
4.	100,000	100,000	2,500	2,500	-0-
5.	100,000 *	50,000	2,500	1,250	1,250
6.	100,000 *	49,000	2,500	250	2,250

* CCD share is \$50,000 of the program cost.

Numbers (1) through (4), in Table 5, show intended funding at 100% from local assistance revenue sources. Numbers (5) and (6) show cost sharing on a 50/50 basis with the district. In numbers (1) through (6), included in the program costs of \$100,000 are state mandated costs of \$2,500. The offset against state mandated claims are the amount of actual local assistance revenues, which exceeds the difference between program costs and state mandated costs. This offset cannot exceed the amount of state mandated costs.

In (1), local assistance revenues were less than expected. Local assistance funding was not in excess of the difference between program costs and state mandated costs. As a result, the offset against state mandated claims is zero and \$2,500 is claimable as mandated costs.

In (4), local assistance revenues were fully realized to cover the entire cost of the program, including the state mandated activity; therefore, the offset against state mandated claims is \$2,500, and claimable cost is \$0.

In (5), the district is sharing 50% of the project cost. Since local assistance revenues of \$50,000 were fully realized, the offset against state mandated claims is \$1,250.

In (6), local assistance revenues were less than the amount expended and the offset against state mandated claims is \$250. Therefore, the claimable mandated costs are \$2,250.

Example 2:

As illustrated in Table 6, this example shows how the offset against state mandated claims is determined for a CCD receiving special project funds based on approved actual costs. Local assistance revenues for special projects must be applied proportionately to approve costs.

Table 6: Offset Against State Mandates, Example 2

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$100,000	\$2,500	\$2,500	\$-0-
2.	100,000 **	75,000	2,500	1,875	625
3.	100,000 **	45,000	1,500	1,125	375

** CCD share is \$25,000 of the program cost.

In (2), the entire program cost was approved. Since the local assistance revenue source covers 75% of the program cost, it also proportionately covered 75% of the \$2,500 state mandated costs, or \$1,875.

If in (3) local assistance revenues are less than the amount expected because only \$60,000 of the \$100,000 program costs were determined to be valid by the contracting agency, then a proportionate share of state mandated costs is likewise reduced to \$1,500. The offset against state mandated claims is \$1,125. Therefore, the claimable mandated costs are \$375.

Federal and State Funding Sources

State school fund apportionments and federal aid for education, which are based on ADA and are part of the general system of financing public schools as well as block grants which do not provide for specific reimbursement of costs (i.e., allocation formulas not tied to expenditures), should not be included as reimbursements from local assistance revenue sources.

Governing Authority

The costs of salaries and expenses of the governing authority, such as the school superintendent and governing board, are not reimbursable. These are costs of general government as described in the Office of Management and Budget Circular (OMB) 2 CFR Part 225.

12. Notice of Claim Adjustment

All claims submitted to the SCO are reviewed to determine if the claim was prepared in accordance with the claiming instructions. Claimants will receive a "Notice of Claim Adjustments" detailing any adjustments made by the SCO.

13. Audit of Costs

Pursuant to GC section 17558.5, subdivision (b), The SCO may conduct a field review of any claim after the claim has been submitted, prior to the reimbursement of the claim, to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the CSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a community college district for this mandate is subject to the initiation of an audit by SCO no later than three years after the date that the actual reimbursement claim is filed or last amended,

whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by SCO as deemed necessary.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be maintained by the claimant and made available to the SCO upon request as discussed in Section 17 of this manual.

14. Source Documents

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee records, or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

All documents used to support the reimbursable activities must be retained during the period subject to audit and must be made available to the SCO upon request as discussed in Section 17 of this manual.

For costs incurred on or after January 1, 2005, a reasonable reimbursement methodology can be used for reimbursing a CCD that meets certain conditions specified in 17518.5(a).

15. Claim Forms and Instructions

A claimant may submit a computer generated report in substitution for Form-1 and Form-2, provided the format of the report and data fields contained within the report are identical to the claim forms included with these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file reimbursement claims. The SCO will revise the manual and claim forms as necessary.

A. Form-2, Activity Cost Detail

This form is used to segregate the detail costs by claim activity. In some mandates, specific reimbursable activities have been identified for each activity. The expenses reported on this form must be supported by the official financial records of the claimant. All documents used to support the reimbursable activities must be retained by the claimant and must be made available to the SCO upon request.

B. Form-1, Claim Summary

This form is used to summarize direct costs by activity and compute allowable indirect costs for the mandate. The direct costs summarized on this form are derived from Form-2 and are carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the CCD. All applicable information from Form-1 must be carried forward onto this form in order for the SCO to process the claim for payment. An original and one copy of the FAM-27 are required.

Claims should be rounded to the nearest dollar. Submit a signed original and one copy of form FAM-27, Claim for Payment. **(To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

16. Retention of Claiming Instructions

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. This Community College Mandated Cost Manual should be retained permanently for future reference, and the forms should be duplicated to meet your filing requirements. Annually, new or revised forms, instructions, and any other information claimants may need to file claims will be placed on the SCO's Web site located at www.sco.ca.gov/ard/local/locreim/index.shtml.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, or by e-mail to lrstdar@sco.ca.gov, or call the Local Reimbursements Section at (916) 324-5729.

17. Retention of Claim Records and Supporting Documentation

Pursuant to Government Code section 17558.5, (a), a reimbursement claim for actual costs filed by a CCD pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents shall be made available to the SCO upon request.

FILING A CLAIM

1. Introduction

Government Code (GC) Sections 17500 through 17617 provide for the reimbursement of costs incurred by community college districts (CCD) for mandated cost programs as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program.

A reimbursement claim is defined in GC Section 17522 as any claim filed with the State Controller's Office (SCO) by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. Actual claims for the 2008-09 fiscal year will be accepted without penalty if postmarked or delivered on or before **February 16, 2010**. Ongoing reimbursement claims filed after the deadline will be reduced by a late penalty of **10%**, not to exceed **\$10,000**. Amended claims filed after the filing deadline will be reduced by **10% of the increased amount** not to exceed \$10,000 for the total claim. Initial reimbursement claims filed after the filing deadline will be reduced by a late penalty of **10% with no limitation**. Claims filed more than one year after the deadline will not be accepted by the SCO.

If a claimant is using an indirect cost rate that exceeds 7%, documentation to support the indirect cost rate must be included with the submitted claim. A more detailed discussion of the indirect cost methods available to CCD's can be found in Section 2, Filing a Claim, page 9, *Indirect Costs*. Documentation to support actual costs must be kept on hand by the claimant and made available to the SCO on request as explained in Section 2, Filing a Claim, page 16, *Retention of Claim Records and Supporting Documentation*.

When a program has been reimbursed for three or more years, the Commission may approve the program for inclusion in the State Mandates Apportionment System (SMAS). For programs included in SMAS, the SCO determines the amount of each claimant's entitlement based on an average of three consecutive fiscal years of actual costs adjusted by any changes in the Implicit Price Deflator (IPD). Claimants with an established entitlement receive an annual apportionment adjusted by any changes in the IPD and, under certain circumstances, by any changes in workload. Claimants with an established entitlement no longer need to file claims for that program.

The SCO is authorized to make payments for costs of mandated programs from amounts appropriated by the State Budget Act, by the State Mandates Claims Fund, or by specific legislation. In the event the appropriation is insufficient to pay claims in full, claimants will receive prorated payments in proportion to the dollar amount of approved claims for the program. Balances of prorated payments will be made when supplementary funds become available.

The claiming instructions included in this manual are issued to help claimants prepare manual and/or electronic mandated cost claims, for submission to the SCO. These instructions are based on the State of California's statutes, regulations, and the parameters and guidelines (P's & G's) adopted by the Commission on State Mandates (Commission). Since each mandate is unique, it is important to refer to the P's and G's for each program for information relating to established policies and eligible reimbursable costs.

2. Electronic Filing: Local Government e-Claims (LGeC)

LGeC enables claimants and their consultants to securely prepare and submit mandated cost claims via the Internet. LGeC uses a series of data input screens to collect the information needed to prepare a claim and provides a Web service so claims can be uploaded in batch files. The system also incorporates an attachment feature so claimants can electronically attach supporting documentation if required.

In addition, it provides an easy and straightforward approach to the claiming process. Filing claims using LGeC eliminates the manual preparation and submission of paper claims by CCD's and the receiving, processing, key entry, verification, and storage of the paper claims by the SCO. LGeC also provides mathematical checks and automated error detection to reduce erroneous and

incomplete claims, provides the State with an electronic workflow process, and stores the claims in an electronic format. Making the change from paper claims to electronic claims reduces the manual handling of paper claims and decreases the costs incurred for postage, handling, and storage of claims filed.

In order to use the LGeC system you will need to obtain a user ID and password for each person who will access the LGeC system. To obtain a User ID and password you must file an application with the SCO. The application and instructions are available on the LGeC Web site located at http://www.sco.ca.gov/ard_lgec.html. Complete the application and other documents as requested and mail them to the SCO using the address provided in the instructions. The SCO will process the application and issue a User ID and password to each applicant.

In addition, you may want to subscribe to an email distribution list to automatically receive timely, comprehensive information regarding mandated cost claims, payments, guidelines, electronic claims, and other news and updates. You also will receive related audit reports and mandate information disseminated by other state agencies.

You can find more information about LGeC and the email distribution lists at http://www.sco.ca.gov/ard_lgec.html. This Web site provides access to the LGeC system, an application for User ID's and passwords, an instructional guide, frequently asked questions (FAQ's) and additional help files. Questions may be directed to LRSDAR@sco.ca.gov, or you may call the Local Reimbursements Section at (916) 324-5729.

3. Types of Claims

Claimants may file a reimbursement claim for actual mandated costs incurred in the prior fiscal year. An entitlement claim may be filed for the purpose of establishing a base year entitlement amount for mandated programs included in SMAS. A claimant who has established a base year entitlement for a program, would receive an automatic annual payment which is reflective of the current costs for the program.

All claims received by the SCO will be reviewed to verify actual costs. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable.

A. Reimbursement Claim

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a CCD for reimbursement of costs incurred for which an appropriation is made for paying the claim.

Initial reimbursement claims are first-time claims for reimbursement of costs for one or more prior fiscal year(s) of a program that was previously unfunded. Claims are due one hundred and twenty days from the date of issuance of the claiming instructions for the program by the SCO. The first statute that appropriates funds for the mandated program will specify the fiscal years for which costs are eligible for reimbursement. Annual ongoing reimbursement claims must be filed by February 15th following the fiscal year in which costs were incurred for the program.

B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims will not be accepted for reimbursement.

C. Entitlement Claim

An entitlement claim is defined in GC Section 17522 as any claim filed by a CCD with the SCO for the sole purpose of establishing or adjusting a base year entitlement for a mandated cost program that has been included in SMAS. An entitlement claim should not contain nonrecurring or initial start-up costs. There is no statutory deadline for the filing of entitlement claims. However, these claims should be filed by February 15th, following the third fiscal year used to develop the entitlement claim, to permit an orderly processing of claims. When the claims are approved and a base year entitlement amount is determined, the claimant will receive an

apportionment reflective of the program's current year costs.

The automatic apportionment is determined by adjusting the claimant's base year entitlement for changes in the implicit price deflator (IPD) of costs of goods and services to governmental agencies, as determined by the State Department of Finance. For programs approved by the Commission for inclusion in SMAS, the payment for each year succeeding the three year base period is adjusted according to any changes by both the IPD and average daily attendance (ADA).

The SCO will perform this computation for each claimant who has filed claims for three consecutive years. If a claimant has incurred costs for three consecutive years but has not filed a claim in each of those years, the claimant may file an entitlement claim, form FAM-43, to establish a base year entitlement. The form FAM-43 is included in the claiming instructions for SMAS programs. An entitlement claim does not result in the claimant being reimbursed for the costs incurred, but rather entitles the claimant to receive automatic payments from SMAS. Annual apportionments for programs included in the SMAS system are paid on or before November 30th of each year.

4. Minimum Claim Amount

For initial claims and annual claims, if the total costs for a given year do not exceed \$1,000 no reimbursement will be allowed except as otherwise allowed by GC Section 17564.

5. Filing Deadline for Claims

Pursuant to GC Section 17561(d) initial reimbursement claims (first time claims) for reimbursement of costs of a previously unfunded mandated program must be filed within one hundred and twenty days from the date the SCO issues the claiming instructions for the program.

When paying a timely filed claim for initial reimbursement, the Controller may withhold twenty percent of the amount of the claim until the claim is audited to verify the actual amount of the mandated costs.

Initial reimbursement claims filed after the filing deadline will be reduced by ten percent of the amount that would have been allowed had the claim been timely filed. The Controller may withhold payment of any late claim for initial reimbursement until the next deadline for funded claims unless sufficient funds are available to pay the claim after all timely filed claims have been paid. All initial reimbursement claims for all fiscal years required to be filed on their initial filing date for a program will be considered as one claim for the purpose of computing any late claim penalty. In no case will a reimbursement claim be paid if submitted more than one year after the filing deadline specified in the Controller's claiming instructions on funded mandates.

Pursuant to GC Section 17560, annual reimbursement claims (recurring claims) for costs incurred during the previous fiscal year must be filed with the SCO and postmarked on or before February 15th following the fiscal year in which costs were incurred.

If the annual reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% late penalty, not to exceed \$10,000. Amended claims filed after the deadline will be reduced by 10% of the increased amount not to exceed \$10,000 for the total claim. Claims may not be filed more than one year after the deadline.

6. Payment of Claims

In order for the SCO to authorize payment of a claim, the Certification of Claim, form FAM-27, must be properly filled out, signed, and dated by the entity's authorized officer. When using the LGeC system the logon ID and password of the authorized officer is used for the signature and is applied by the LGeC system when the claim is submitted. Pursuant to GC 17561(d), reimbursement claims are paid by October 15 or sixty days after the date the appropriation for the claim is effective, whichever is later. In the event the amount appropriated by the Legislature is insufficient to pay the approved amount in full for a program, claimants will receive a prorated payment in proportion to

the amount of approved claims timely filed and on hand at the time of proration. A reasonable reimbursement methodology (RRM), which meets certain conditions specified in Government Code Section 17518.5, Subdivision (a), can be used as a formula for reimbursing CCD costs mandated by the State.

A claimant is entitled to receive accrued interest at the pooled money investment account rate if the payment was made more than 60 days after the claim filing deadline or the actual date of claim receipt, whichever is later. For an initial claim, interest begins to accrue when the payment is made more than one year after the adoption of the program's statewide cost estimate.

The SCO reports the amounts of insufficient appropriations to the State Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each House of the Legislature, in order to assure appropriation of these funds in the Budget Act. If these funds cannot be appropriated on a timely basis in the Budget Act, this information is transmitted to the Commission who will include these amounts in its reports to assure that an appropriation sufficient to pay the claims is included in the next local government claims bill or other appropriation bills. Any balances remaining on these claims will be paid when supplementary funds become available.

Unless specified in the statutes, regulations, or P's & G's, the determination of allowable and unallowable costs for mandates is based on the P's & G's adopted by the Commission. The determination of allowable reimbursable mandated costs for unfunded mandates is made by the Commission. The SCO determines allowable reimbursable costs, subject to amendment by the Commission, for mandates funded by special legislation. Allowable costs are those direct and indirect costs, less applicable credits, considered eligible for reimbursement. In order for costs to be allowable and thus eligible for reimbursement, the costs must meet the following general criteria:

1. The cost is necessary and reasonable for proper and efficient administration of the mandate and not a general expense required to carry out the overall responsibilities of government.
2. The cost is allocable to a particular cost objective identified in the P's & G's.
3. The cost is net of any applicable credits that offset or reduce expenses of items allocable to the mandate.

The SCO has identified certain costs that should not be claimed as direct program costs unless specified as reimbursable under the program's P's & G's. These costs include, but are not limited to, subscriptions, depreciation, memberships, conferences, workshops, general education, and travel costs.

7. State Mandates Apportionment System (SMAS)

Chapter 1534, Statutes of 1985, established SMAS, a method of paying certain mandated programs as apportionments. This method is utilized whenever a program has been approved for inclusion in SMAS by the Commission.

When a mandated program has been included in SMAS, the SCO will determine a base year entitlement amount for each CCD that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. A base year entitlement amount is determined by averaging the approved reimbursement claims (or entitlement claims) for any three consecutive fiscal years. The amounts are first adjusted by any change in the IPD, which is applied separately to each year's costs for the three years that comprise the base period. The base period means the three fiscal years immediately succeeding the Commission's approval.

Each CCD with an established base year entitlement for the program will receive automatic annual payments from the SCO reflective of the program's current year costs. The apportionment amount is adjusted annually for any change in the IPD. If the mandated program was included in SMAS after January 1, 1988, the annual apportionment is adjusted for any change in both the IPD and ADA.

In the event a CCD has incurred costs for three consecutive fiscal years but did not file a

reimbursement claim in one or more of those fiscal years, the CCD may file an entitlement claim for each of those missed years to establish a base year entitlement. An entitlement claim means any claim filed by a CCD with the SCO for the sole purpose of establishing a base year entitlement. A base year entitlement may not include any nonrecurring or initial start-up costs.

Initial apportionments are made on an individual program basis. After the initial year, all apportionments are made by November 30th. The amount to be apportioned is the base year entitlement adjusted by annual changes in the IPD for the cost of goods and services to governmental agencies as determined by the State Department of Finance.

In the event the CCD determines that the amount of apportionment does not accurately reflect costs incurred to comply with a mandate, the process of adjusting an established base year entitlement upon which the apportionment is based is set forth in GC Section 17615.8 and requires the approval of the Commission.

8. Direct Costs

A direct cost is a cost that can be identified specifically with a particular program or activity. Documentation to support direct costs must be kept on hand unless otherwise specified in the claiming instructions and made available to the SCO on request.

It is the responsibility of the claimant to maintain documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

Costs typically classified as direct costs are:

(1) Employee Wages, Salaries, and Benefits

For each of the mandated activities performed, the claimant must list the names of the employees who worked on the mandate, their job classifications, hours worked on the mandate, and rate of pay. The claimant may use a productive hourly rate in-lieu of reporting actual compensation and benefits:

(a) Productive Hourly Rate Options

A CCD may use one of the following methods to compute productive hourly rates:

- Actual annual productive hours for each employee;
- The weighted-average annual productive hours for each job title; or
- 1,800* annual productive hours for all employees.

If actual annual productive hours or weighted-average annual productive hours for each job title is chosen, the claimant must maintain documentation of how these hours were computed.

* 1,800 annual productive hours excludes the following employee time:

- Paid holidays;
- Vacation earned;
- Sick leave taken;
- Informal time off;
- Jury duty;
- Military leave taken.

(b) Compute a Productive Hourly Rate

1. Compute a productive hourly rate for salaried employees to include actual benefit costs. The methodology for converting a salary to a productive hourly rate is to compute the employee's annual salary and benefits and divide by the annual

productive hours.

Table 1: Productive Hourly Rate, Annual Salary + Benefits Method

Formula: $[(EAS + Benefits) \div APH] = PHR$ $[(\$26,000 + \$8,099) \div 1,800 \text{ hrs}] = 18.94$	Description: EAS = Employee's Annual Salary APH = Annual Productive Hours PHR = Productive Hourly Rate
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- As illustrated in Table 1, if an employee's compensation was \$26,000 and \$8,099 for annual salary and benefits, respectively, using the Salary + Benefits Method, the productive hourly rate would be \$18.94. To convert a biweekly salary to Annual Salary, multiply the biweekly salary by 26. To convert a monthly salary to Annual Salary, multiply the monthly salary by 12. Use the same methodology to convert other salary periods.
2. A claimant may also compute the productive hourly rate by using the Percent of Salary Method.

Table 2: Productive Hourly Rate, Percent of Salary Method

Example:		
Step 1: Benefits as a Percent of Salary Step 2: Productive Hourly Rate		
Retirement	15.00 %	Formula: $[(EAS \times (1 + BR)) \div APH] = PHR$
Social Security & Medicare	7.65	
Health & Dental Insurance	5.25	$[(\$26,000 \times (1.3115)) \div 1,800] = \18.94
Workers Compensation	3.25	
Total	31.15 %	
Description:		
EAS = Employee's Annual Salary		APH = Annual Productive Hours
BR = Benefit Rate		PHR = Productive Hourly Rate

- As illustrated in Table 2, both methods produce the same productive hourly rate.

Reimbursement for personnel services includes, but is not limited to, compensation paid for salaries, wages, and employee benefits. Employee benefits include employer's contributions for social security, pension plans, insurance, workers compensation insurance and similar payments. These benefits are eligible for reimbursement as long as they are distributed equitably to all activities. Whether these costs are allowable is based on the following presumptions:

- The amount of compensation is reasonable for the service rendered;
- The compensation paid and benefits received are appropriately authorized by the governing board;
- Amounts charged for personnel services are based on payroll documents that are supported by time and attendance or equivalent records for individual employees;

- The methods used to distribute personnel services should produce an equitable distribution of direct and indirect allowable costs.

For each of the employees included in the claim, the claimant must use reasonable rates and hours in computing the wage cost. If a person of a higher-level position performs an activity which normally would be performed by a lower-level position, reimbursement for time spent is allowable at the average salary range for the lower-level position. The salary rate of the person at a higher-level position may be claimed if it can be shown that it was more cost effective in comparison to the performance by a person at the lower-level position under normal circumstances and conditions. The number of hours charged to an activity should reflect the time expected to complete the activity under normal circumstances and conditions. The numbers of hours in excess of normal expected hours are not reimbursable.

(c) Calculating an Average Productive Hourly Rate

In those instances where the P's & G's allow a unit as a basis of claiming costs, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

Table 3: Calculating an Average Productive Hourly Rate

	<u>Time Spent</u>	<u>Productive Hourly Rate</u>	<u>Total Cost by Employee</u>
Employee A	1.25 hrs	\$6.00	\$7.50
Employee B	0.75 hrs	4.50	3.38
Employee C	3.50 hrs	10.00	35.00
Total	5.50 hrs		\$45.88
Average Productive Hourly Rate is $\$45.88 \div 5.50 \text{ hrs.} = \8.34			

(d) Employer's Benefits Contribution

A. CCD has the option of claiming actual employer's benefit contributions or may compute an average benefit cost for the employee's job classification and claim it as a percentage of direct labor. The same time base should be used for both salary and benefits when computing a percentage. For example, if health and dental insurance payments are made annually, use an annual salary. After the percentage of salary for each benefit is computed, total them. For example:

<u>Employer's Contribution</u>	<u>% of Salary</u>
Retirement	15.00%
Social Security	7.65%
Health and Dental Insurance	5.25%
Worker's Compensation	0.75%
Total	<u>28.65%</u>

(2) Materials and Supplies

Only actual expenses can be claimed for materials and supplies, which were acquired and consumed specifically for the purpose of a mandated program. The claimant must list the materials and supplies that were used to perform the mandated activity, the number of units consumed, the cost per unit, and the total dollar amount claimed. Materials and supplies in excess of reasonable quality, quantity, and cost are not reimbursable. Materials and supplies

withdrawn from inventory and charged to the mandated activity must be based on a recognized method of pricing, consistently applied. Purchases must be claimed at the actual price after deducting discounts, rebates and allowances received by the CCD.

(a) **Calculating a Unit Cost for Materials and Supplies**

In those instances where the P's & G's suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the materials and supplies component of the unit cost should be expressed as a unit cost of materials and supplies as shown in Table 1 or Table 2:

Table 1: Calculating a Unit Cost for Materials and Supplies

Supplies	Cost Per Unit	Amount of Supplies Used Per Activity	Unit Cost of Supplies Per Activity
Paper	0.02	4	\$0.08
Files	0.10	1	0.10
Envelopes	0.03	2	0.06
Photocopies	0.10	4	<u>0.40</u>
			<u>\$0.64</u>

Table 2: Calculating a Unit Cost for Materials and Supplies

Supplies	Supplies Used	Unit Cost of Supplies Per Activity
Paper (\$10.00 for 500 sheet ream)	250 Sheets	\$5.00
Files (\$2.50 for box of 25)	10 Folders	1.00
Envelopes (\$3.00 for box of 100)	50 Envelopes	1.50
Photocopies (\$0.05 per copy)	40 Copies	<u>2.00</u>
		<u>\$9.50</u>

If the number of reimbursable instances is 25, then the unit cost of supplies is \$0.38 per reimbursable instance ($\$9.50 \div 25$).

(3) **Contract Services**

The cost of contract services is allowable if the CCD lacks the staff resources or necessary expertise, or it is economically feasible to hire a contractor to perform the mandated activity. The claimant must keep documentation on hand to support the name of the contractor, explain the reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate must not exceed the rate specified in the P's & G's for the mandated program. The contractor's invoice or statement must include an itemized list of costs for activities performed.

(4) **Equipment Rental Costs**

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate are reimbursable to the extent that such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must maintain documentation to support the purpose and use of the equipment, the time period for

which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed.

(5) Capital Outlay

Capital outlay for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the P's & G's for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed.

(6) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the Department of Personnel Administration (DPA) travel standards. When claiming travel expenses, the claimant must maintain documentation to support the purpose of the trip, the names and addresses of the persons incurring the expense, the date and time of departure and return, a description of each expense claimed, and the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking. Receipts are required for charges over \$10.00.

9. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services, and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C), or if specifically allowed by a mandated cost program's P's & G's, a district may choose to claim indirect costs using either: (1) A federally approved rate prepared in accordance with the Office of Management and Budget (OMB) Circular A-21, *Cost Principles for Educational Institutions*; or (2) a flat 7% rate. The FAM-29C indirect cost rate and the flat 7% indirect cost rate are applied to *Salaries and Benefits*, whereas the federally approved rate is applied to the allocation base used in developing the federally approved rate.

If indirect costs are calculated using the OMB Circular A-21 methodology with a base other than *Salaries and Benefits*, the claim cannot be filed using the LGeC as the system does not support cost bases other than *Salaries and Benefits*. Instead, these claims must be filed manually using paper forms.

However, if indirect costs are calculated using the OMB Circular A-21 methodology using *Salaries and Benefits* in the base, then the claims can be filed using either the LGeC system or the manual paper process. In these cases, the indirect cost rate is calculated in accordance with the chosen methodology and keyed into the mandated cost form on the appropriate line (usually Form 1, line (06)), *Indirect Cost Rate*. The LGeC system will apply that rate to *Salaries and Benefits* (usually Form 1, line (5)(a) to arrive at the total indirect costs (usually Form 1, line (7)).

The SCO developed form FAM-29C to be consistent with the OMB Circular A-21 cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The methodology used in form FAM-29C is a direct cost base comprised of salary and benefit costs. This provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses expenditures that districts report in their California Community Colleges Annual Financial and Budget Report (CCFS-311), Expenditures by Activity for the General Fund – Combined. CCD's must use the CCFS-311 report applicable to the fiscal year of the reimbursement claim submitted. The computation excludes capital outlay and other outgo in accordance with the OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with the OMB Circular A-21.

The OMB Circular A-21, Section C.4, states that a cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b., states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

The OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD's. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in the OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include operation and maintenance of plant; planning, policy making, and coordination; general institutional support services (excluding community relations); and depreciation or use allowance. Community relations include fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST					FORM
INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FAM 29-C
(1) Claimant					
Activity	EDP	Salaries and Benefits per CCFS-311	Operating Expenses per CCFS-311	Indirect-Salaries Benefits, and Operating Expenses	Direct-Salaries and Benefits only
Instructional Activities	599	\$ 46,249,931	\$ 8,289,190	\$	\$ 46,249,931
Instruct. Admin. & Instruct. Governance	6000	5,181,935	631,615		5,181,935
Instructional Support Services	6100	4,361,061	445,196		4,361,061
Admissions and Records	6200	1,251,539	96,634		1,251,539
Student Counseling and Guidance	6300	3,373,121	80,201		3,373,121
Other Student Services	6400	5,511,511	1,116,904		5,511,511
Operation and Maintenance of Plant	6500	5,192,099	3,192,398	8,384,497	
Planning, Policy Making, and Coordination	6600	2,562,909	1,096,833	3,659,742	
General Institutional Support Services	6700				
Community Relations	6710	446,207	228,320	674,527	
Fiscal Operations	6720	2,342,316	315,019	2,657,335	
Human Resources Management	6730	1,057,387	102,600	1,159,987	
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	1,327,125	-	1,327,125	
Staff Development	6750	1,295	34,931	36,226	
Staff Diversity	6760	449,392	394,915	844,307	
Logistical Services	6770	2,853,609	354,953	3,208,562	
Management Information Systems	6780	2,386,511	894,685	3,281,196	
Other General Institutional Support Services	6790	19,635	1,679	21,314	
Community Services and Economic Development	6800	963,036	688,648		963,036
Ancillary Services	6900	723,450	224,961		723,450
Auxiliary Operations	7000	565,859	12,179		565,859
Depreciation or Use Allowance - Building				2,620,741	
Depreciation or Use Allowance - Equipment				721,097	
Totals		<u>\$ 86,819,928</u>	<u>\$ 18,201,861</u>	<u>\$ 28,596,656</u>	<u>\$ 68,181,443</u>
				(A)	(B)
Indirect Cost Rate (A)/(B)				<u>41.94%</u>	

10. Time Study Guidelines

Background

Two methods are acceptable for documenting employee time charged to mandated cost programs: 1) Actual Time Reporting and 2) Time Study. These methods are described below. Application of time study results is restricted. As explained in the Time Study Results section below, the results may be projected forward a maximum of two years or applied retroactively to initial claims, current-year claims, and late-filed claims, provided certain criteria are met.

Actual Time Reporting

Each program's P's and G's define reimbursable activities for the mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that meets the following standards:

- They must reflect an after-the-fact distribution of the actual activity of each employee;
- They must account for the total activity for which each employee is compensated;
- They must be prepared at least monthly and must coincide with one or more pay periods; and
- They must be signed by the employee.

Budget estimates or other distribution percentages determined before services are performed do not qualify as support for actual time reporting.

Time Study

In certain cases, a time study may be used as a substitute for continuous records of actual time spent on multiple activities and/or programs. A time study can be used for an activity when the task is repetitive in nature. Activities that require varying levels of effort are not appropriate for time studies.

Time Study Plan

The claimant must develop a plan before the time study is conducted. The claimant must retain the time study plan for audit purposes. The plan must identify the following:

- Time periods to be studied - The plan must show that all time periods selected are representative of the fiscal year and that the results can be reasonably projected to approximate actual costs;
- Activities to be studied - The time study must separately identify each reimbursable activity defined in the mandated program's P's and G's. If a reimbursable activity identifies separate and distinct sub-activities, these sub-activities also must be treated as individual activities;

For example, sub-activities (a) and (b) under reimbursable activity (1) of the Agency Fee Arrangements Program relate to salary deduction and payment of fair share and are not separate and distinct activities. It is not necessary to separately study these sub-activities.

- Process used to accomplish each reimbursable activity - Use flowcharts or similar analytical tools and/or written desk procedures to describe the process followed to complete each activity;
- Employee universe - The employee universe used in the time study must include all positions for which salaries and wages are to be allocated by means of the time study;
- Employee sample selection methodology - The plan must show that employees selected are representative of the employee universe and that the results can be reasonably projected to approximate actual costs. In addition, the employee sample size should be proportional to the variation in time spent to perform a task. The sample size should be larger for tasks with significant time variations;
- Time increments to be recorded - The time increments used should be sufficient to recognize the number of different activities performed and the dynamics of these responsibilities. Very large

increments (such as one hour or more) can be used for employees performing only a few functions that change very slowly over time. Small increments (a number of minutes) can be used for employees performing more short-term tasks.

Random-moment sampling is not an acceptable alternative to continuous time records for mandated cost claims. Random-moment sampling techniques are most applicable in situations where employees perform many different types of activities on a variety of programs with small time increments throughout the fiscal year.

Time Study Documentation

Time studies must:

- Be supported by time records that are completed when the activity occurs;
- Report activity on a daily basis;
- Be sufficiently detailed to reflect all mandated activities performed during a specific time period; and
- Coincide with one or more pay periods.

Time records must be signed by the employee and be supported by documentation that validates that the work was actually performed. As with actual time reporting, budget estimates or other distribution percentages determined before services are performed do not qualify as valid time studies.

Time Study Results

Claimants must summarize time study results to show how the time study supports the costs claimed for each activity. Any variation from the procedures identified in the original time study plan must be documented and explained. Current-year costs must be used to prepare a time study. Claimants may project time study results to no more than two subsequent fiscal years. A claimant also may apply time study results retroactively to initial claims, current-year claims, and late-filed claims.

When projecting time study results, the claimant must certify that no significant changes have occurred between years in either (1) the requirements of each mandated program activity; or (2) the processes and procedures used to accomplish the activity. For all years, the claimant must maintain documentation that shows that the mandated activity was actually performed. Time study results used to support claims are subject to the record-keeping requirements for those claims.

11. Offset Against State Mandated Claims

As noted previously, allowable costs are defined as those direct and indirect costs, less applicable credits, considered eligible for reimbursement. When all or part of the costs of a mandated program are specifically reimbursable from local assistance revenue sources (e.g., state, federal, foundation, etc.), only that portion of any increased cost payable from CCD funds is eligible for reimbursement under the provisions of GC Section 17561.

Example 1:

As illustrated in Table 5, this example shows how the Offset Against State Mandated Claims is determined for a CCD receiving block grant revenues not based on a formula allocation. Program costs for each situation equals \$100,000.

Table 5: Offset Against State Mandates, Example 1

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$95,000	\$2,500	\$-0-	\$2,500
2.	100,000	97,000	2,500	-0-	2,500
3.	100,000	98,000	2,500	500	2,000
4.	100,000	100,000	2,500	2,500	-0-
5.	100,000 *	50,000	2,500	1,250	1,250
6.	100,000 *	49,000	2,500	250	2,250

* CCD share is \$50,000 of the program cost.

Numbers (1) through (4) in Table 5, show intended funding at 100% from local assistance revenue sources. Numbers (5) and (6) show cost sharing on a 50/50 basis with the district. In numbers (1) through (6), included in the program costs of \$100,000 are state mandated costs of \$2,500. The offset against state mandated claims are the amount of actual local assistance revenues, which exceeds the difference between program costs and state mandated costs. This offset cannot exceed the amount of state mandated costs.

In (1), local assistance revenues were less than expected. Local assistance funding was not in excess of the difference between program costs and state mandated costs. As a result, the offset against state mandated claims is zero and \$2,500 is claimable as mandated costs.

In (4), local assistance revenues were fully realized to cover the entire cost of the program, including the state mandated activity; therefore, the offset against state mandated claims is \$2,500, and claimable cost is \$0.

In (5), the district is sharing 50% of the project cost. Since local assistance revenues of \$50,000 were fully realized, the offset against state mandated claims is \$1,250.

In (6), local assistance revenues were less than the amount expended and the offset against state mandated claims is \$250. Therefore, the claimable mandated costs are \$2,250.

Example 2:

As illustrated in Table 6, this example shows how the offset against state mandated claims is determined for a CCD receiving special project funds based on approved actual costs. Local assistance revenues for special projects must be applied proportionately to the approved costs.

Table 6: Offset Against State Mandates, Example 2

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$100,000	\$2,500	\$2,500	\$-0-
2.	100,000 **	75,000	2,500	1,875	625
3.	100,000 **	45,000	1,500	1,125	375

** CCD share is \$25,000 of the program cost.

In (2), the entire program cost was approved. Since the local assistance revenue source covers 75% of the program cost, it also proportionately covered 75% of the \$2,500 state mandated costs, or \$1,875.

If in (3) local assistance revenues are less than the amount expected because only \$60,000 of the \$100,000 program costs were determined to be valid by the contracting agency, then a proportionate share of state mandated costs is likewise reduced to \$1,500. The offset against state mandated claims is \$1,125. Therefore, the claimable mandated costs are \$375.

12. Notice of Claim Adjustment

All claims submitted to the SCO are reviewed to determine if the claim was prepared in accordance with the claiming instructions. Claimants will receive a *Notice of Claim Adjustment* detailing any adjustments made by the SCO.

13. Audit of Costs

Pursuant to GC Section 17558.5, Subdivision (b), the SCO may conduct a field review of any claim after it has been submitted to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the claim activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within thirty days after payment of the claim.

14. Source Documents

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee records, or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification stating: "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct" and must further comply with the requirements of Code of Civil Procedure Section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

15. Claim Forms and Instructions

Unless you are filing electronically, a claimant may submit a computer generated report in substitution for Form-1 and Form-2, provided the format of the report and data fields contained within the report are identical to the claim forms included with these instructions. The claim forms provided with these instructions should be duplicated or printed from SCO's Web site and used by the claimant to file reimbursement claims. The SCO will revise the manual and claim forms as necessary.

A. Form-2, Activity Cost Detail

This form is used to segregate the direct costs by claim activity. In some mandates, specific reimbursable activities have been identified for each activity. The expenses reported on this form must be supported by the official financial records of the claimant. All documents used to support the reimbursable activities must be retained by the claimant unless required to be submitted with the claim and must be made available to the SCO on request.

B. Form-1, Claim Summary

This form is used to summarize direct costs by activity and compute allowable indirect costs for the mandate. The direct costs summarized on this form are derived from Form-2 and are carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the CCD. All applicable information from Form-1 must be carried forward onto this form in order for the SCO to process the claim for payment. An original and one copy of the FAM-27 are required.

Claims should be rounded to the nearest dollar. Submit a signed original and one copy of form FAM-27, Claim for Payment. **To expedite the payment process, please sign the FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

16. Retention of Claiming Instructions

The revised claiming instructions in this package have been arranged in alphabetical order by program name. This Manual should be retained for future reference, and the forms should be duplicated to meet your filing requirements. Annually, new or revised forms, instructions, and any other information claimants may need to file claims will be placed on the SCO's Web site located at www.sco.ca.gov/ard_mancost.html.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, or by e-mail to LRSDAR@sco.ca.gov, or call the Local Reimbursements Section at (916) 324-5729.

17. Retention of Claim Records and Supporting Documentation

Pursuant to Government Code Section 17558.5, (a), a reimbursement claim for actual costs filed by a CCD is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit will commence to run from the date of initial payment of the claim. In any case, an audit will be completed not later than two years after the date that the audit is commenced.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

FILING A CLAIM

1. Introduction

Government Code (GC) Sections 17500 through 17617 provide for the reimbursement of costs incurred by community college districts (CCD) for mandated cost programs as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program.

A reimbursement claim is defined in GC Section 17522 as any claim filed with the State Controller's Office (SCO) by a CCD for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. Actual claims for the 2009-10 fiscal year will be accepted without penalty if postmarked or delivered on or before **February 15, 2011**. Ongoing reimbursement claims filed after the deadline will be reduced by a late penalty of **10%, not to exceed \$10,000**. Amended claims filed after the filing deadline will be reduced by **10% of the increased amount** not to exceed \$10,000 for the total claim. Initial reimbursement claims filed after the filing deadline will be reduced by a late penalty of **10% with no limitation**. Claims filed more than one year after the deadline will not be accepted by the SCO.

If a claimant is using an indirect cost rate that exceeds 7%, documentation to support the indirect cost rate must be included with the submitted claim. A more detailed discussion of the indirect cost methods available to CCD's can be found in Section 2, Filing a Claim, page 9, **Indirect Costs**. Documentation to support actual costs must be kept on hand by the claimant and made available to the SCO on request as explained in Section 2, Filing a Claim, page 16, **Retention of Claim Records and Supporting Documentation**.

When a program has been reimbursed for three or more years, the Commission may approve the program for inclusion in the State Mandates Apportionment System (SMAS). For programs included in SMAS, the SCO determines the amount of each claimant's entitlement based on an average of three consecutive fiscal years of actual costs adjusted by any changes in the Implicit Price Deflator (IPD). Claimants with an established entitlement receive an annual apportionment adjusted by any changes in the IPD. Claimants with an established entitlement no longer need to file claims for that program.

The SCO is authorized to make payments for costs of mandated programs from amounts appropriated by the State Budget Act, by the State Mandates Claims Fund, or by specific legislation. In the event the appropriation is insufficient to pay claims in full, claimants will receive prorated payments in proportion to the dollar amount of approved claims for the program. Balances of prorated payments will be made when supplementary funds become available.

2. Electronic Filing: Local Government e-Claims (LGeC)

LGeC enables claimants and their consultants to securely prepare and submit mandated cost claims via the Internet. LGeC uses a series of data input screens to collect the information needed to prepare a claim and provides a Web service so claims can be uploaded in batch files. The system also incorporates an attachment feature so claimants can electronically attach supporting documentation if required.

The LGeC system provides an easy and straightforward approach to the claiming process. Filing claims using LGeC eliminates the manual preparation and submission of paper claims by CCD's and the receiving, processing, key entry, verification, and storage of the paper claims by the SCO. LGeC also provides mathematical checks and automated error detection to reduce erroneous and incomplete claims, provides the State with an electronic workflow process, and stores the claims in an electronic format. Making the change from paper claims to electronic claims reduces the manual handling of paper claims and decreases the costs incurred for postage, handling, and storage of claims filed.

In order to use the LGeC system you will need to obtain a User ID and password for each person who will access the LGeC system. To obtain a User ID and password you must file an application with the SCO. The application and instructions are available on the LGeC Web site located at http://www.sco.ca.gov/ard_lgec.html. Complete the application and other documents as requested and mail them to the SCO using the address provided in the instructions. The SCO will process the application and issue a User ID and password to each applicant.

In addition, you may want to subscribe to an email distribution list to automatically receive timely, comprehensive information regarding mandated cost claims, payments, guidelines, electronic claims, and other news and updates. You also will receive related audit reports and mandate information provided by other state agencies.

You can find more information about LGeC and the email distribution lists at http://www.sco.ca.gov/ard_lgec.html. This Web site provides access to the LGeC system, an application for User ID's and passwords, an instructional guide, frequently asked questions (FAQ's) and additional help files. Questions may be directed to LRSDAR@sco.ca.gov, or you may call the Local Reimbursements Section at (916) 324-5729.

3. Types of Claims

Claimants may file a reimbursement claim for actual mandated costs incurred in the prior fiscal year. An entitlement claim may be filed for the purpose of establishing a base year entitlement amount for mandated programs included in SMAS. A claimant who has established a base year entitlement for a program, would receive an automatic annual payment which is reflective of the current costs for the program.

All claims received by the SCO will be reviewed to verify actual costs. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable.

A. Reimbursement Claim

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a CCD for reimbursement of costs incurred for which an appropriation is made for paying the claim.

Initial reimbursement claims are first-time claims for reimbursement of costs for one or more prior fiscal year(s) of a program that was previously unfunded. Claims are due one hundred and twenty days from the date of issuance of the claiming instructions for the program by the SCO. The first statute that appropriates funds for the mandated program will specify the fiscal years for which costs are eligible for reimbursement. Annual ongoing reimbursement claims must be filed by February 15th following the fiscal year in which costs were incurred for the program.

Annual ongoing reimbursement claims must be filed by February 15th following the fiscal year in which costs were incurred for the program. Claims for fiscal year 2009-10 will be accepted without late penalty if postmarked or delivered on before February 15th, 2011. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. However, initial reimbursement claims will be reduced by a late penalty of 10% with no limitation. Amended claims filed after the deadline will be reduced by 10% of the increased amount not to exceed \$10,000 for the claim. Claims filed more than one year after the deadline will not be accepted for reimbursement.

B. Entitlement Claim

An entitlement claim is defined in GC Section 17522 as any claim filed by a CCD with the SCO for the sole purpose of establishing or adjusting a base year entitlement for a mandated cost program that has been included in SMAS. An entitlement claim should not contain nonrecurring or initial start-up costs. There is no statutory deadline for the filing of entitlement claims. However, these claims should be filed by February 15th, following the third fiscal year used to develop the entitlement claim, to permit an orderly processing of claims. When the claims are

approved and a base year entitlement amount is determined, the claimant will receive an apportionment reflective of the program's current year costs.

The automatic apportionment is determined by adjusting the claimant's base year entitlement for changes in the implicit price deflator (IPD) of costs of goods and services to governmental agencies, as determined by the State Department of Finance. For programs approved by the Commission for inclusion in SMAS, the payment for each year succeeding the three year base period is adjusted according to any changes by both the IPD and average daily attendance (ADA).

The SCO will perform this computation for each claimant who has filed claims for three consecutive years. If a claimant has incurred costs for three consecutive years but has not filed a claim in each of those years, the claimant may file an entitlement claim, form FAM-43, to establish a base year entitlement. The form FAM-43 is included in the claiming instructions for SMAS programs. An entitlement claim does not result in the claimant being reimbursed for the costs incurred, but rather entitles the claimant to receive automatic payments from SMAS. Annual apportionments for programs included in the SMAS system are paid on or before November 30th of each year.

4. Minimum Claim Amount

For initial claims and annual claims, if the total costs for a given year do not exceed \$1,000 no reimbursement will be allowed except as otherwise allowed by GC Section 17564.

5. Filing Deadline for Claims

Pursuant to GC Section 17561(d) initial reimbursement claims (first time claims) for reimbursement of costs of a previously unfunded mandated program must be filed within one hundred and twenty days from the date the SCO issues the claiming instructions for the program. When paying a timely filed claim for initial reimbursement, the Controller may withhold twenty percent of the amount of the claim until the claim is audited to verify the actual amount of the mandated costs. Initial reimbursement claims filed after the filing deadline will be reduced by ten percent of the amount that would have been allowed had the claim been timely filed.

The Controller may withhold payment of any late claim for initial reimbursement until the next deadline for funded claims unless sufficient funds are available to pay the claim after all timely filed claims have been paid. All initial reimbursement claims for all fiscal years required to be filed on their initial filing date for a program will be considered as one claim for the purpose of computing any late claim penalty. In no case will a reimbursement claim be paid if submitted more than one year after the filing deadline specified in the Controller's claiming instructions on funded mandates.

Pursuant to GC Section 17560, annual reimbursement claims (recurring claims) for costs incurred during the previous fiscal year must be filed with the SCO and postmarked on or before February 15th following the fiscal year in which costs were incurred. If the annual reimbursement claim is filed after the deadline, but within one year of the deadline, the approved claim must be reduced by a 10% late penalty, not to exceed \$10,000. Amended claims filed after the deadline will be reduced by 10% of the increased amount not to exceed \$10,000 for the total claim. Claims may not be filed more than one year after the deadline.

6. Payment of Claims

In order for the SCO to authorize payment of a claim, the Certification of Claim, form FAM-27, must be properly filled out, signed, and dated by the entity's authorized officer. When using the LGeC system the logon ID and password of the authorized officer is used for the signature and is applied by the LGeC system when the claim is submitted. Pursuant to GC 17561(d), reimbursement claims are paid by October 15 or sixty days after the date the appropriation for the claim is effective, whichever is later. In the event the amount appropriated by the Legislature is insufficient to pay the approved amount in full for a program, claimants will receive a prorated payment in proportion to the amount of approved claims timely filed and on hand at the time of proration.

A claimant is entitled to receive accrued interest at the pooled money investment account rate if the payment was made more than 60 days after the claim filing deadline or the actual date of claim receipt, whichever is later. For an initial claim, interest begins to accrue when the payment is made more than one year after the adoption of the program's statewide cost estimate.

The SCO reports the amounts of insufficient appropriations to the State Department of Finance, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective committee in each House of the Legislature, in order to assure appropriation of these funds in the Budget Act. If these funds cannot be appropriated on a timely basis in the Budget Act, this information is transmitted to the Commission who will include these amounts in its reports to assure that an appropriation sufficient to pay the claims is included in the next local government claims bill or other appropriation bills. Any balances remaining on these claims will be paid when supplementary funds become available.

Unless specified in the statutes, regulations, or P's & G's, the determination of allowable and unallowable costs for mandates is based on the P's & G's adopted by the Commission. The determination of allowable reimbursable mandated costs for unfunded mandates is made by the Commission. The SCO determines allowable reimbursable costs, subject to amendment by the Commission, for mandates funded by special legislation. Allowable costs are those direct and indirect costs, less applicable credits, considered eligible for reimbursement. In order for costs to be allowable and thus eligible for reimbursement, the costs must meet the following general criteria:

1. The cost is necessary and reasonable for proper and efficient administration of the mandate and not a general expense required to carry out the overall responsibilities of government.
2. The cost is allocable to a particular cost objective identified in the P's & G's.
3. The cost is net of any applicable credits that offset or reduce expenses of items allocable to the mandate.

The SCO has identified certain costs that should not be claimed as direct program costs unless specified as reimbursable under the program's P's & G's. These costs include, but are not limited to, subscriptions, depreciation, memberships, conferences, workshops, general education, and travel costs.

7. State Mandates Apportionment System (SMAS)

Chapter 1534, Statutes of 1985, established SMAS, a method of paying certain mandated programs as apportionments. This method is utilized whenever a program has been approved for inclusion in SMAS by the Commission.

When a mandated program has been included in SMAS, the SCO will determine a base year entitlement amount for each CCD that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. A base year entitlement amount is determined by averaging the approved reimbursement claims (or entitlement claims) for any three consecutive fiscal years. The amounts are first adjusted by any change in the IPD, which is applied separately to each year's costs for the three years that comprise the base period. The base period means the three fiscal years immediately succeeding the Commission's approval.

Each CCD with an established base year entitlement for the program will receive automatic annual payments from the SCO reflective of the program's current year costs. The apportionment amount is adjusted annually for any change in the IPD. If the mandated program was included in SMAS after January 1, 1988, the annual apportionment is adjusted for any change in both the IPD and ADA.

In the event a CCD has incurred costs for three consecutive fiscal years but did not file a reimbursement claim in one or more of those fiscal years, the CCD may file an entitlement claim for each of those missed years to establish a base year entitlement. An entitlement claim means any claim filed by a CCD with the SCO for the sole purpose of establishing a base year entitlement. A base year entitlement may not include any nonrecurring or initial start-up costs.

Initial apportionments are made on an individual program basis. After the initial year, all apportionments are made by November 30th. The amount to be apportioned is the base year entitlement adjusted by annual changes in the IPD for the cost of goods and services to governmental agencies as determined by the State Department of Finance.

In the event the CCD determines that the amount of apportionment does not accurately reflect costs incurred to comply with a mandate, the process of adjusting an established base year entitlement upon which the apportionment is based is set forth in GC Section 17615.8 and requires the approval of the Commission.

8. Direct Costs

A direct cost is a cost that can be identified specifically with a particular program or activity. Documentation to support direct costs must be kept on hand unless otherwise specified in the claiming instructions and made available to the SCO on request

It is the responsibility of the claimant to maintain documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

Costs typically classified as direct costs are:

(1) Employee Wages, Salaries, and Benefits

For each of the mandated activities performed, the claimant must list the names of the employees who worked on the mandate, their job classifications, hours worked on the mandate, and rate of pay. The claimant may use a productive hourly rate in-lieu of reporting actual compensation and benefits:

(a) Productive Hourly Rate Options

A CCD may use one of the following methods to compute productive hourly rates:

- Actual annual productive hours for each employee;
- The weighted-average annual productive hours for each job title; or
- 1,800* annual productive hours for all employees.

If actual annual productive hours or weighted-average annual productive hours for each job title is chosen, the claimant must maintain documentation of how these hours were computed.

* 1,800 annual productive hours excludes the following employee time:

- Paid holidays;
- Vacation earned;
- Sick leave taken;
- Informal time off;
- Jury duty;
- Military leave taken.

(b) Compute a Productive Hourly Rate

1. Compute a productive hourly rate for salaried employees to include actual benefit costs. The methodology for converting a salary to a productive hourly rate is to compute the employee's annual salary and benefits and divide by the annual productive hours.

Table 1: Productive Hourly Rate, Annual Salary + Benefits Method

Formula:	Description:
$[(EAS + Benefits) \div APH] = PHR$	EAS = Employee's Annual Salary
	APH = Annual Productive Hours
$[(\$26,000 + \$8,099) \div 1,800 \text{ hrs}] = 18.94$	PHR = Productive Hourly Rate

- As illustrated in Table 1, if an employee's compensation was \$26,000 and \$8,099 for annual salary and benefits, respectively, using the Salary + Benefits Method, the productive hourly rate would be \$18.94. To convert a biweekly salary to Annual Salary, multiply the biweekly salary by 26. To convert a monthly salary to Annual Salary, multiply the monthly salary by 12. Use the same methodology to convert other salary periods.
2. A claimant may also compute the productive hourly rate by using the Percent of Salary Method.

Table 2: Productive Hourly Rate, Percent of Salary Method

Example:		
Step 1: Benefits as a Percent of Salary		Step 2: Productive Hourly Rate
Retirement	15.00 %	Formula: $[(EAS \times (1 + BR)) \div APH] = PHR$
Social Security & Medicare	7.65	
Health & Dental Insurance	5.25	
Workers Compensation	3.25	$[(\$26,000 \times (1.3115)) \div 1,800] = \18.94
Total	31.15 %	
Description:		
EAS = Employee's Annual Salary		APH = Annual Productive Hours
BR = Benefit Rate		PHR = Productive Hourly Rate

- As illustrated in Table 2, both methods produce the same productive hourly rate.

Reimbursement for personnel services includes, but is not limited to, compensation paid for salaries, wages, and employee benefits. Employee benefits include employer's contributions for social security, pension plans, insurance, workers compensation insurance and similar payments. These benefits are eligible for reimbursement as long as they are distributed equitably to all activities. Whether these costs are allowable is based on the following presumptions:

- The amount of compensation is reasonable for the service rendered;
- The compensation paid and benefits received are appropriately authorized by the governing board;

- Amounts charged for personnel services are based on payroll documents that are supported by time and attendance or equivalent records for individual employees;
- The methods used to distribute personnel services should produce an equitable distribution of direct and indirect allowable costs.

For each of the employees included in the claim, the claimant must use reasonable rates and hours in computing the wage cost. If a person of a higher-level position performs an activity which normally would be performed by a lower-level position, reimbursement for time spent is allowable at the average salary range for the lower-level position. The salary rate of the person at a higher-level position may be claimed if it can be shown that it was more cost effective in comparison to the performance by a person at the lower-level position under normal circumstances and conditions. The number of hours charged to an activity should reflect the time expected to complete the activity under normal circumstances and conditions. The numbers of hours in excess of normal expected hours are not reimbursable.

(c) Calculating an Average Productive Hourly Rate

In those instances where the claiming instructions allow a unit as a basis of claiming costs, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

Table 3: Calculating an Average Productive Hourly Rate

	<u>Time Spent</u>	<u>Productive Hourly Rate</u>	<u>Total Cost by Employee</u>
Employee A	1.25 hrs	\$6.00	\$7.50
Employee B	0.75 hrs	4.50	3.38
Employee C	3.50 hrs	10.00	35.00
Total	5.50 hrs		\$45.88
Average Productive Hourly Rate is $\$45.88 \div 5.50 \text{ hrs.} = \8.34			

(d) Employer's Benefits Contribution

A CCD has the option of claiming actual employer's benefit contributions or may compute an average benefit cost for the employee's job classification and claim it as a percentage of direct labor. The same time base should be used for both salary and benefits when computing a percentage. For example, if health and dental insurance payments are made annually, use an annual salary. After the percentage of salary for each benefit is computed, total them. For example:

Retirement	15.00%
Social Security	7.65%
Health and Dental Insurance	5.25%
Worker's Compensation	0.75%
Total	<u>28.65%</u>

(2) Materials and Supplies

Only actual expenses can be claimed for materials and supplies, which were acquired and consumed specifically for the purpose of a mandated program. The claimant must list the

materials and supplies that were used to perform the mandated activity, the number of units consumed, the cost per unit, and the total dollar amount claimed. Materials and supplies in excess of reasonable quality, quantity, and cost are not reimbursable. Materials and supplies withdrawn from inventory and charged to the mandated activity must be based on a recognized method of pricing, consistently applied. Purchases must be claimed at the actual price after deducting discounts, rebates and allowances received by the CCD.

(a) **Calculating a Unit Cost for Materials and Supplies**

In those instances where the P's & G's suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the materials and supplies component of the unit cost should be expressed as a unit cost of materials and supplies as shown in Table 1 or Table 2:

Table 1: Calculating a Unit Cost for Materials and Supplies

Supplies	Cost Per Unit	Amount of Supplies Used Per Activity	Unit Cost of Supplies Per Activity
Paper	0.02	4	\$0.08
Files	0.10	1	0.10
Envelopes	0.03	2	0.06
Photocopies	0.10	4	<u>0.40</u>
			<u>\$0.64</u>

Table 2: Calculating a Unit Cost for Materials and Supplies

Supplies	Supplies Used	Unit Cost of Supplies Per Activity
Paper (\$10.00 for 500 sheet ream)	250 Sheets	\$5.00
Files (\$2.50 for box of 25)	10 Folders	1.00
Envelopes (\$3.00 for box of 100)	50 Envelopes	1.50
Photocopies (\$0.05 per copy)	40 Copies	2.00
		<u>\$9.50</u>

If the number of reimbursable instances is 25, then the unit cost of supplies is \$0.38 per reimbursable instance ($\$9.50 \div 25$).

(3) **Contract Services**

The cost of contract services is allowable if the CCD lacks the staff resources or necessary expertise, or it is economically feasible to hire a contractor to perform the mandated activity. The claimant must keep documentation on hand to support the name of the contractor, explain the reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate must

not exceed the rate specified in the P's & G's for the mandated program. The contractor's invoice or statement must include an itemized list of costs for activities performed.

(4) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate are reimbursable to the extent that such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must maintain documentation to support the purpose and use of the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed.

(5) Capital Outlay

Capital outlay for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the P's & G's for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed.

(6) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the Department of Personnel Administration (DPA) travel standards. When claiming travel expenses, the claimant must maintain documentation to support the purpose of the trip, the names and addresses of the persons incurring the expense, the date and time of departure and return, a description of each expense claimed, and the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking. Receipts are required for charges over \$10.00.

9. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services, and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C), or if specifically allowed by a mandated cost program's P's & G's, a district may choose to claim indirect costs using either: (1) A federally approved rate prepared in accordance with the Office of Management and Budget (OMB) Circular A-21, *Cost Principles for Educational Institutions*; or (2) a flat 7% rate. The FAM-29C indirect cost rate and the flat 7% indirect cost rate are applied to *Salaries and Benefits*, whereas the federally approved rate is applied to the allocation base used in developing the federally approved rate.

If indirect costs are calculated using the OMB Circular A-21 methodology with a base other than *Salaries and Benefits*, the claim cannot be filed using the LGeC as the system does not support cost bases other than *Salaries and Benefits*. Instead, these claims must be filed manually using paper forms.

However, if indirect costs are calculated using the OMB Circular A-21 methodology using *Salaries and Benefits* in the base, then the claims can be filed using either the LGeC system or the manual paper process. In these cases, the indirect cost rate is calculated in accordance with the chosen

methodology and keyed into the mandated cost form on the appropriate line (usually Form 1, line (06)), *Indirect Cost Rate*. The LGeC system will apply that rate to *Salaries and Benefits* (usually Form 1, line (5)(a) to arrive at the total indirect costs (usually Form 1, line (7)).

The SCO developed form FAM-29C to be consistent with the OMB Circular A-21 cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The methodology used in form FAM-29C is a direct cost base comprised of salary and benefit costs. This provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses expenditures that districts report in their California Community Colleges Annual Financial and Budget Report (CCFS-311), Expenditures by Activity for the General Fund – Combined. CCD's must use the CCFS-311 report applicable to the fiscal year of the reimbursement claim submitted. The computation excludes capital outlay and other outgo in accordance with the OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with the OMB Circular A-21.

The OMB Circular A-21, Section C.4, states that a cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b., states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

The OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD's. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in the OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include operation and maintenance of plant; planning, policy making, and coordination; general institutional support services (excluding community relations); and depreciation or use allowance. Community relations include fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FORM FAM 29-C
(1) Claimant					
Activity	EDP	Salaries and Benefits per CCFS-311	Operating Expenses per CCFS-311	Indirect-Salaries Benefits, and Operating Expenses	Direct-Salaries and Benefits only
Instructional Activities	599	\$ 46,249,931	\$ 8,289,190	\$	\$ 46,249,931
Instruct. Admin. & Instruct. Governance	6000	5,181,935	631,615		5,181,935
Instructional Support Services	6100	4,361,061	445,196		4,361,061
Admissions and Records	6200	1,251,539	96,634		1,251,539
Student Counseling and Guidance	6300	3,373,121	80,201		3,373,121
Other Student Services	6400	5,511,511	1,116,904		5,511,511
Operation and Maintenance of Plant	6500	5,192,099	3,192,398	8,384,497	
Planning, Policy Making, and Coordination	6600	2,562,909	1,096,833	3,659,742	
General Institutional Support Services	6700				
Community Relations	6710	446,207	228,320		446,207
Fiscal Operations	6720	2,342,316	315,019	2,657,335	
Human Resources Management	6730	1,057,387	102,600	1,159,987	
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	1,327,125	-	1,327,125	
Staff Development	6750	1,295	34,931	36,226	
Staff Diversity	6760	449,392	394,915	844,307	
Logistical Services	6770	2,853,609	354,953	3,208,562	
Management Information Systems	6780	2,386,511	894,685	3,281,196	
Other General Institutional Support Services	6790	19,635	1,679	21,314	
Community Services and Economic Development	6800	963,036	688,648		963,036
Ancillary Services	6900	723,450	224,961		723,450
Auxiliary Operations	7000	565,859	12,179		565,859
Depreciation or Use Allowance - Building				2,620,741	
Depreciation or Use Allowance - Equipment				721,097	
Totals		<u>\$ 86,819,928</u>	<u>\$ 18,201,861</u>	<u>\$ 27,922,129</u>	<u>\$ 68,627,650</u>
				(A)	(B)
Indirect Cost Rate (A)/(B)				<u>40.69%</u>	

10. Time Study Guidelines

Background

Two methods are acceptable for documenting employee time charged to mandated cost programs: 1) Actual Time Reporting and 2) Time Study. These methods are described below. Application of time study results is restricted. As explained in the Time Study Results section below, the results may be projected forward a maximum of two years or applied retroactively to initial claims, current-year claims, and late-filed claims, provided certain criteria are met.

Actual Time Reporting

Each program's P's and G's define reimbursable activities for the mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that meets the following standards:

- They must reflect an after-the-fact distribution of the actual activity of each employee;
- They must account for the total activity for which each employee is compensated;
- They must be prepared at least monthly and must coincide with one or more pay periods; and
- They must be signed by the employee.

Budget estimates or other distribution percentages determined before services are performed do not qualify as support for actual time reporting.

Time Study

In certain cases, a time study may be used as a substitute for continuous records of actual time spent on multiple activities and/or programs. A time study can be used for an activity when the task is repetitive in nature. Activities that require varying levels of effort are not appropriate for time studies.

Time Study Plan

The claimant must develop a plan before the time study is conducted. The claimant must retain the time study plan for audit purposes. The plan must identify the following:

- Time periods to be studied - The plan must show that all time periods selected are representative of the fiscal year and that the results can be reasonably projected to approximate actual costs;
- Activities to be studied - The time study must separately identify each reimbursable activity defined in the mandated program's P's and G's. If a reimbursable activity identifies separate and distinct sub-activities, these sub-activities also must be treated as individual activities;

For example, sub-activities (a) and (b) under reimbursable activity (1) of the Agency Fee Arrangements Program relate to salary deduction and payment of fair share and are not separate and distinct activities. It is not necessary to separately study these sub-activities.

- Process used to accomplish each reimbursable activity - Use flowcharts or similar analytical tools and/or written desk procedures to describe the process followed to complete each activity;
- Employee universe - The employee universe used in the time study must include all positions for which salaries and wages are to be allocated by means of the time study;
- Employee sample selection methodology - The plan must show that employees selected are representative of the employee universe and that the results can be reasonably projected to approximate actual costs. In addition, the employee sample size should be proportional to the variation in time spent to perform a task. The sample size should be larger for tasks with significant time variations;
- Time increments to be recorded - The time increments used should be sufficient to recognize the

number of different activities performed and the dynamics of these responsibilities. Very large increments (such as one hour or more) can be used for employees performing only a few functions that change very slowly over time. Small increments (a number of minutes) can be used for employees performing more short-term tasks.

Random-moment sampling is not an acceptable alternative to continuous time records for mandated cost claims. Random-moment sampling techniques are most applicable in situations where employees perform many different types of activities on a variety of programs with small time increments throughout the fiscal year.

Time Study Documentation

Time studies must:

- Be supported by time records that are completed when the activity occurs;
- Report activity on a daily basis;
- Be sufficiently detailed to reflect all mandated activities performed during a specific time period;
- Coincide with one or more pay periods.

Time records must be signed by the employee and be supported by documentation that validates that the work was actually performed. As with actual time reporting, budget estimates or other distribution percentages determined before services are performed do not qualify as valid time studies.

Time Study Results

Claimants must summarize time study results to show how the time study supports the costs claimed for each activity. Any variation from the procedures identified in the original time study plan must be documented and explained. Current-year costs must be used to prepare a time study. Claimants may project time study results to no more than two subsequent fiscal years. A claimant also may apply time study results retroactively to initial claims, current-year claims, and late-filed claims.

When projecting time study results, the claimant must certify that no significant changes have occurred between years in either (1) the requirements of each mandated program activity; or (2) the processes and procedures used to accomplish the activity. For all years, the claimant must maintain documentation that shows that the mandated activity was actually performed. Time study results used to support claims are subject to the record-keeping requirements for those claims.

11. Offsets Against State Mandated Claims

As noted previously, allowable costs are defined as those direct and indirect costs, less applicable credits, considered eligible for reimbursement. When all or part of the costs of a mandated program are specifically reimbursable from local assistance revenue sources (e.g., state, federal, foundation, etc.), only that portion of any increased cost payable from CCD funds is eligible for reimbursement under the provisions of GC Section 17561.

A. Example 1:

As illustrated in Table 5, this example shows how the Offset Against State Mandated Claims is determined for a CCD receiving block grant revenues not based on a formula allocation. Program costs for each situation equals \$100,000.

Table 5: Offsets Against State Mandates, Example 1

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$95,000	\$2,500	\$-0-	\$2,500
2.	100,000	97,000	2,500	-0-	2,500
3.	100,000	98,000	2,500	500	2,000
4.	100,000	100,000	2,500	2,500	-0-
5.	100,000 *	50,000	2,500	1,250	1,250
6.	100,000 *	49,000	2,500	250	2,250

* CCD share is \$50,000 of the program cost.

Numbers (1) through (4) in Table 5, show intended funding at 100% from local assistance revenue sources. Numbers (5) and (6) show cost sharing on a 50/50 basis with the district. In numbers (1) through (6), included in the program costs of \$100,000 are state mandated costs of \$2,500. The offset against state mandated claims are the amount of actual local assistance revenues, which exceeds the difference between program costs and state mandated costs. This offset cannot exceed the amount of state mandated costs.

In (1), local assistance revenues were less than expected. Local assistance funding was not in excess of the difference between program costs and state mandated costs. As a result, the offset against state mandated claims is zero and \$2,500 is claimable as mandated costs.

In (4), local assistance revenues were fully realized to cover the entire cost of the program, including the state mandated activity; therefore, the offset against state mandated claims is \$2,500, and claimable cost is \$0.

In (5), the district is sharing 50% of the project cost. Since local assistance revenues of \$50,000 were fully realized, the offset against state mandated claims is \$1,250.

In (6), local assistance revenues were less than the amount expended and the offset against state mandated claims is \$250. Therefore, the claimable mandated costs are \$2,250.

B. Example 2:

As illustrated in Table 6, this example shows how the offset against state mandated claims is determined for a CCD receiving special project funds based on approved actual costs. Local assistance revenues for special projects must be applied proportionately to the approved costs.

Table 6: Offset Against State Mandates, Example 2

	Program Costs	Actual Local Assistance Revenues	State Mandated Costs	Offset Against State Mandated Claims	Claimable Mandated Costs
1.	\$100,000	\$100,000	\$2,500	\$2,500	\$-0-
2.	100,000 **	75,000	2,500	1,875	625
3.	100,000 **	45,000	1,500	1,125	375

** CCD share is \$25,000 of the program cost.

In (2), the entire program cost was approved. Since the local assistance revenue source covers

75% of the program cost, it also proportionately covered 75% of the \$2,500 state mandated costs, or \$1,875.

If in (3) local assistance revenues are less than the amount expected because only \$60,000 of the \$100,000 program costs were determined to be valid by the contracting agency, then a proportionate share of state mandated costs is likewise reduced to \$1,500. The offset against state mandated claims is \$1,125. Therefore, the claimable mandated costs are \$375.

12. Notice of Claim Adjustment

All claims submitted to the SCO are reviewed to determine if the claim was prepared in accordance with the claiming instructions. Claimants will receive a *Notice of Claim Adjustment* detailing any adjustments made by the SCO.

13. Audit of Costs

Pursuant to GC Section 17558.5, Subdivision (b), the SCO may conduct a field review of any claim after it has been submitted to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the claim activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within thirty days after payment of the claim.

14. Source Documents

Costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee records, or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification stating: "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct" and must further comply with the requirements of Code of Civil Procedure Section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

15. Claim Forms and Instructions

Unless you are filing electronically, a claimant may submit a computer generated report in substitution for Form-1 and Form-2, provided the format of the report and data fields contained within the report are identical to the claim forms included with these instructions. The claim forms provided with these instructions should be duplicated or printed from SCO's Web site and used by the claimant to file reimbursement claims. The SCO will revise the manual and claim forms as necessary.

A. Form-2, Activity Cost Detail

This form is used to segregate the direct costs by claim activity. In some mandates, specific reimbursable activities have been identified for each activity. The expenses reported on this form must be supported by the official financial records of the claimant. All documents used to support the reimbursable activities must be retained by the claimant unless required to be submitted with the claim and must be made available to the SCO on request.

B. Form-1, Claim Summary

This form is used to summarize direct costs by activity and compute allowable indirect costs for the mandate. The direct costs summarized on this form are derived from Form-2 and are carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the CCD. All applicable information from Form-1 must be carried forward onto this form in order for the SCO to process the claim for payment. An original and one copy of the FAM-27 are required.

Submit a signed original and one copy of form FAM-27, Claim for Payment. **To expedite the payment process, please sign the FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

16. Retention of Claiming Instructions

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. This Manual should be retained for future reference, and the forms should be duplicated to meet your filing requirements. Annually, new or revised forms, instructions, and any other information claimants may need to file claims will be placed on the SCO's Web site located at www.sco.ca.gov/ard_mancost.html.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, or by e-mail to LRSDAR@sco.ca.gov, or call the Local Reimbursements Section at (916) 324-5729.

17. Retention of Claim Records and Supporting Documentation

Pursuant to Government Code Section 17558.5, (a), a reimbursement claim for actual costs filed by a CCD is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit will commence to run from the date of initial payment of the claim. In any case, an audit will be completed not later than two years after the date that the audit is commenced.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

North Orange County Community College District
Comparison
Fiscal Years 1998-99 through 2004-05

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year. (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO
Summer														
Fall														
Spring														
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. EFCW 1.8-3 - Ques. # 2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	
	Client used CCCO #'s		Client used CCCO #'s		Clients #'s higher		Clients #'s higher		Clients #'s higher		Clients #'s higher	

3. EFCW 1.8-4 - Ques. # 4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	
	Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s	

SixTen and Associates Mandate Reimbursement Services

WILLIAM B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

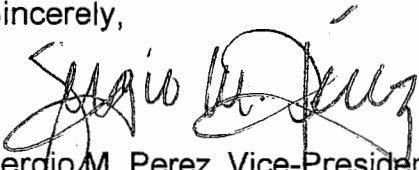
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed ___/___/___	
	(21) LRS Input ___/___/___	

L A B E L H E R E	(01) Claimant Identification Number: CC30105	Reimbursement Claim Data	
	(02) Claimant Name: North Orange County Community College District	(22) EFCW-1, (04)(A)(1)(a)(f)	
	County of Location: Orange	(23) EFCW-1, (04)(A)(1)(b)(f)	
	Street Address or P.O. Box: 1830 W. Romneya Drive	(24) EFCW-1, (04)(A)(2)(a)(f)	600,735
	City: Anaheim State: CA Zip Code: 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)	
	Type of Claim Estimated Claim Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f)
	Fiscal Year of cost: (06)	(12) 1998-1999	(30) EFCW-1, (06) 38
	Total Claimed Amount: (07)	(13) \$ 786,211	(31) EFCW-1, (07) 228,279
	Less: 10% Late Penalty	(14) \$ -	(32) EFCW-1, (09) 42,803
	Less: Prior Claim Payment Received	(15) \$ -	(33) EFCW-1, (10)
	Net Claimed Amount	(16) \$ 786,211	(34)
	Due from State: (08)	(17) \$ 786,211	(35)
	Due to State	(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)

Date

Claudette E. Dain

7/27/06

Claudette Dain

District Director, Fiscal Affairs

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

SixTen and Associates

E-mail Address: kbpsixten@aol.com

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed <u> / / </u>	
	(21) LRS Input <u> / / </u>	

L A B E L H E R E	(01) Claimant Identification Number: CC30105		Reimbursement Claim Data	
	(02) Claimant Name North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f)	
	County of Location Orange		(23) EFCW-1, (04)(A)(1)(b)(f)	
	Street Address or P.O. Box 1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f)	600,735
	City Anaheim	State CA	Zip Code 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)
	Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)
		(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f)
	Fiscal Year of cost	(06) 1998-1999	(12)	(30) EFCW-1, (06)	38
Total Claimed Amount	(07)	(13) \$ 786,211	(31) EFCW-1, (07)	228,279
Less: 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09)	42,803
Less: Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10)	
Net Claimed Amount		(16) \$ 786,211	(34)	
Due from State	(08)	(17) \$ 786,211	(35)	
Due to State		(18)	(36)	

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I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)

Claudette E. Dain

Date

7/27/06

Claudette Dain

District Director, Fiscal Affairs

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 1998-1999
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)

a. Preparing district policies & procedures for § IV.A.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)

Calculating and collecting enrollment fees	\$ 600,734.96	\$ -	\$ -	\$ -	\$ -	\$ 600,734.96
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B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)

a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)

a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Reporting BOG fee waiver data to CCC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(05) Total Direct Costs	\$ 600,734.96	\$ -	\$ -	\$ -	\$ -	\$ 600,734.96
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Indirect Costs

(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]	38.00%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]	\$ 228,279.28
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	\$ 829,014.24

Cost Reduction

(09) Less: Enrollment Fee Revenue offset	\$ 42,803.00
(10) Less: Enrollment Fee Waiver offsets	\$ -
(11) Total Claimed Amount	\$ 786,211.24 [Line (08) - {Line (09) + Line (10)}]

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant North Orange County Community College District	(02) Fiscal Year 1998-1999
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various staff Collecting fees	\$20.72	7,294.7	\$ 151,146.18				
Calculating total enrollment fee to be collected Various staff Collecting fees	\$20.72	6,163.4	\$ 127,705.65				
Answering student's questions regarding enrollment fee collection Various staff Collecting fees	\$20.72	7,835.0	\$ 162,341.20				
Calculating written and computer records for enrollment fee information Various staff Collecting fees	\$20.72	7,699.9	\$ 159,541.93				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 600,734.96	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT FEE COLLECTIONS/WAIVERS
 1998-1999
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
98-99	7,294.70	Various staff	Collecting fees	\$20.72	\$151,146.18	Referencing student accounts and records	Calculating and collecting enrollment fees
98-99	6,163.40	Various staff	Collecting fees	\$20.72	\$127,705.65	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
98-99	7,835.00	Various staff	Collecting fees	\$20.72	\$162,341.20	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
98-99	7,699.90	Various staff	Collecting fees	\$20.72	\$159,541.93	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
	28,993.00	Various staff Total			\$600,734.96		
	28,993.00	Grand Total			\$600,734.96		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: June 9, 1998

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preced:
Agreement was dated
March 30, 1987

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/97	06/30/02	38.0	On-Campus	All Programs
PROV.	07/01/02	06/30/04	38.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

Schedule 1
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-1999
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 3.
 Findings:

*EFC 1	81,052
Avg. time p/account	5.4
Total Time (in minutes)	437681
Per Hour	60
Hours Worked (** Activity 11)	7294.7
*EFC 2	71,116
Avg. time p/student	5.2
Total Time (in minutes)	369803
Per Hour	60
Hours Worked (** Activity 12)	6163.4
*EFC 1	81,052
Avg. time p/question	5.8
Total Time (in minutes)	470102
Per Hour	60
Hours Worked (** Activity 13)	7835.0
*EFC 1	81,052
Avg. time p/file	5.7
Total Time (in minutes)	461996
Per Hour	60
Hours Worked (** Activity 14)	7699.9
*EFC 4	Client not able to provide. Pre-Banner Term.
Avg. time p/account	5.5
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 15)	0.0
*EFC 5	Client not able to provide. Pre-Banner Term.
Avg. time p/student	5.4
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 16)	0.0

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.
Source: EFCW 1.7-2 and Schedule 2A.
Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FA Dept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FA Dept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Acaraz, Jose	FC-FA Dept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Allon, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FA Dept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FA Dept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FA Dept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FA Dept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FA Dept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FA Dept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FA Dept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FA Dept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FA Dept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antonese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
PHR-Average
Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Akliah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Carter, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antonese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Filippi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.61
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.65	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant 1				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amelia	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushla, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1.

***EFC/EFW Workload Multiplier**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas*
 Employee Name: (print) Kashu Vyas

Date: 7/10/06
 Position or Title: Accounting Specialist (d Mandate Coordinator)

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

*Copy - original in
04-05 resources
-SSA*

EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:	[Hatched]							
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility:	[Hatched]							
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date: 7/18/06
Employee Name: (print) Kashmita Vyas Position or Title: Accounting Specialist

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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-SJS*

EFCW 1.8-3

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vias* Date 7/18/06
Employee Name: (print) Keshmira Vias Position or Title Accounting Specialist

If you have any questions, please contact _____ at _____
PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

*Copy-original
in 04-05 resources
-SAB*

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Year	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SEA

99-00 Total = 80,935 - SEA

00-01 Total = 88,893 - SEA

01-02 Total = 88,897 - SEA

02-03 Total = 83,317 - SEA

03-04 Total = 76,868 - SEA

04-05 Total = 78,803

verified - see CCCO report directly below

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Year	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
03-04		24,741	39,982
04-05		24,858	39,724

98-99 Total = 71,116 - SEA

99-00 Total = 71,133 - SEA

00-01 Total = 78,391 - SEA

01-02 Total = 78,141 - SEA

02-03 Total = 71,431 - SEA

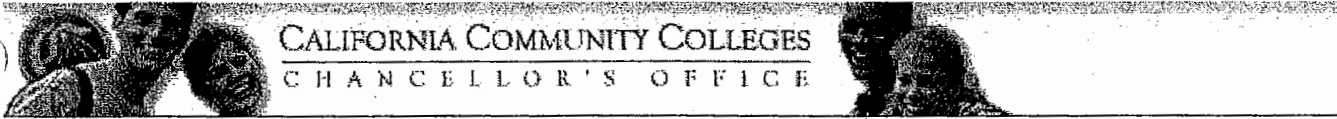
03-04 Total = 64,723 - SEA

04-05 Total = 64,582 - SEA

verified client calculated #1 - #3 correctly - SEA

California Home

Wednes



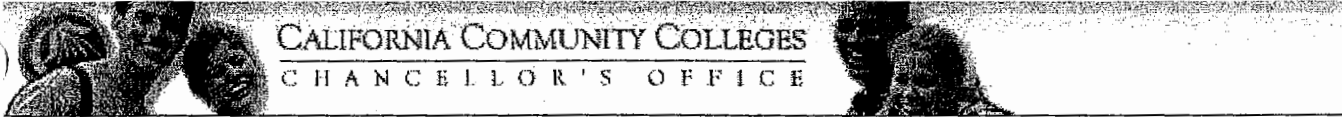
Student Demographics

**Student Total Headcount For Cypress
For 1998 Fall Term**

Data Current As Of July 12, 2006 10:16:35

Total Headcount	13,813
------------------------	--------

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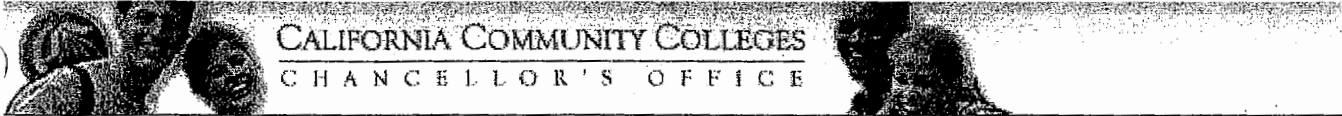
Student Demographics

**Student Total Headcount For Cypress
For 1999 Spring Semester**

Data Current As Of July 12, 2006 10:17:11

Total Headcount	14,012
------------------------	--------

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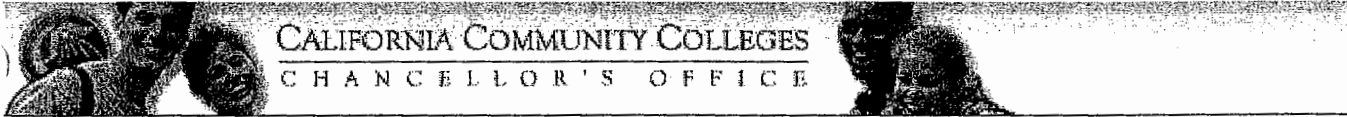
Student Demographics

**Student Total Headcount For Cypress
For 1999 Summer Term**

Data Current As Of July 12, 2006 10:17:35

Total Headcount	5,499
------------------------	-------

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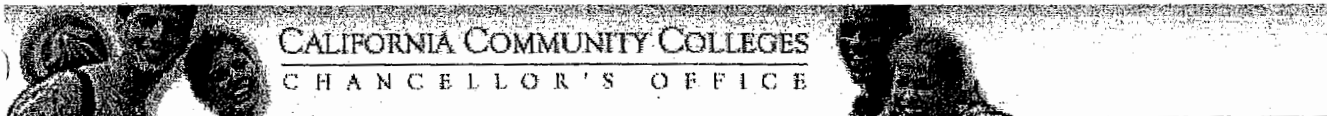
Student Demographics

**Student Total Headcount For Fullerton
For 1998 Fall Term**

Data Current As Of July 12, 2006 10:28:35

Total Headcount	19,181
------------------------	--------

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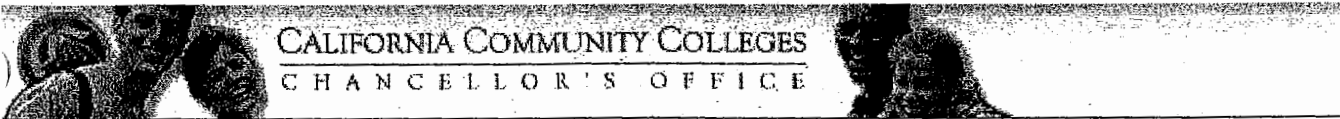
Student Demographics

**Student Total Headcount For Fullerton
For 1999 Spring Semester**

Data Current As Of July 12, 2006 10:28:55

Total Headcount	18,812
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 1999 Summer Term**

Data Current As Of July 12, 2006 10:29:09

Total Headcount	9,735
------------------------	--------------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

Verified these #'s are same as BOGG waivers per CCCO website -SAA

98-99 - Total - 9,936 - SAA
 99-00 - Total - 9,802 - SAA
 00-01 - Total - 10,502 - SAA
 01-02 - Total - 10,756 - SAA
 02-03 - Total - 11,886 - SAA
 03-04 - Total - 12,145 - SAA
 04-05 - Total - 14,221 - SAA

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals

Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton
Fall 1998		Pre-Banner Term
Spring 1999		Pre-Banner Term
Summer 1999		Pre-Banner Term
Fall 1999		Pre-Banner Term
Spring 2000		Pre-Banner Term
Summer 2000		Pre-Banner Term
Fall 2000		Pre-Banner Term
Spring 2001		Pre-Banner Term
Summer 2001		Pre-Banner Term
Fall 2001	3	4
Spring 2002	7	6
Summer 2002	22	5
Fall 2002	163	8
Spring 2003	34	11
Summer 2003	38	8
Fall 2003	200	64
Spring 2004	18	12
Summer 2004	70	13
Fall 2004	168	72
Spring 2005	66	57
Summer 2005	5	34

Broke Down into FY's the way client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College -SAA

08-99

99-00

00-01

Total 47 - SAA

01-02

Total 262 - SAA

02-03

Total 377 - SAA

03-04

Total 402 - SAA

04-05

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver

Eligibility

Form: EFCW 1.8-2, #2. NOTE: Only have District Totals

Source: Banner

Term	Cypress Enrollment Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into FY's the way client did on pg. 1 of 6 for 1- Total Number of Students Enrolled in College - S&S

98-99

99-00

00-01

Total = 3,599 - S&S 01-02

Total = 4,298 - S&S 02-03

Total = 4,402 - S&S 03-04

Total = 4,260 - S&S 04-05

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund #s are overstated - see page 60 f/b - sent

Academic Year	Cypress	Fullerton
Fall 1998	-	-
Spring 1999	-	-
Summer 1999	-	-
Fall 1999	-	-
Spring 2000	-	-
Summer 2000	-	-
Fall 2000	-	-
Spring 2001	-	-
Summer 2001	-	-
Fall 2001	26	6,748
Spring 2002	18	6,043
Summer 2002	4	2,425
Fall 2002	25	7,304
Spring 2003	2	7,524
Summer 2003	1	2,307
Fall 2003	8	6,851
Spring 2004	7	6,233
Summer 2004	64	2,204
Fall 2004	2,658	4,318
Spring 2005	2,304	4,042
Summer 2005	880	1,470

98-99 - Broke Down into FYs the way client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - sent

99-00

00-01

01-02

02-03

03-04

04-05

Not used - Revised #s emailed to GO on 7-13-06 - sent see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,993	9,839
2002-03	8,205	9,478
2003-04	10,475	10,287
2004-05	10,259	11,799

*: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 } verified these #s are same as BOGA waivers per ccc website - sent

- Total 01-02 - 18,832 - sent
 - Total 02-03 - 17,683 - sent
 - Total 03-04 - 20,762 - sent
 - Total 04-05 - 22,058 - sent

See ccc report directly after pg. 2 of below - sent

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,507	9,507
2002-03	7,851	8,934
2003-04	9,132	9,407
2004-05	9,764	11,042

*: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 Total 01-02 - 18,014 - sent
 Total 02-03 - 16,785 - sent
 Total 03-04 - 18,539 - sent
 Total 04-05 - 20,806 - sent

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	-
2002-03	354	-
2003-04	1,343	-
2004-05	495	-

332 Total 01-02 = 818 - 546
 544 Total 02-03 = 898 - 354
 880 Total 03-04 = 2,223 - 1,343
 757 Total 04-05 = 1,252 - 495

} = Sch. 4
 EFW 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

**

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-1999
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.8-4 and attachments.
 Findings:

Source	Item	98-99
1.8-4 line 3	Net Revenue Rec'd.	\$ 5,239,898.00
p/E.C. 76300 (c)	2% of Revenue Rec'd	<u>\$ 104,797.96</u>

Not used - for
 comparison with
 CCCC report
 directly below

MENDO	MENDOCINO-LAKE	7,377	35,382	258,368	,643	174,610	0	67,417	269,893	
MERCED	MERCED	20,361	62,609	877,112	190,434	370,849	0	313,769	1,274,659	
MONTEREY	HARTNELL	13,796	54,591	483,990	86,324	313,294	0	84,597	274,289	0
	MONTEREY PENINSULA	8,034	23,124	515,799	103,226	454,168	0	51,324	208,512	0
MONTEREY		21,830	77,715	999,789	189,550	767,462	0	135,921	482,801	0
NAPA	NAPA	9,488	43,678	412,213	90,442	966,646	0	63,976	259,907	0
ORANGE	COAST	53,089	226,851	1,567,045	144,868	1,323,095	762,320	303,957	797,459	0
	NORTH ORANGE	42,803	142,879	1,277,261	187,044	1,107,246	0	215,199	874,257	0
	RANCHO SANTIAGO	41,867	145,712	851,126	113,751	785,393	0	440,711	1,279,465	0
	SOUTH ORANGE	21,203	78,923	865,864	125,179	1,068,203	0	88,503	359,549	0
ORANGE		158,962	594,365	4,561,296	570,842	4,283,937	762,320	1,048,370	3,310,730	0
PLACER	SIERRA	14,761	45,962	402,846	67,813	566,827	0	92,862	487,267	0
PLUMAS	FEATHER RIVER	1,971	17,844	165,677	39,813	211,756	0	25,000	100,000	0
RIVERSIDE	DESERT	14,148	54,161	365,305	101,406	283,750	0	117,109	315,778	0
	MT. SAN JACINTO	10,215	41,901	408,183	146,570	276,802	0	111,206	506,742	0
	PALO VERDE	1,531	16,691	215,568	31,805	109,286	0	25,000	100,000	0
	RIVERSIDE	35,751	106,515	399,481	34,906	664,205	0	299,232	1,265,570	0
RIVERSIDE		61,645	219,268	1,388,537	314,687	1,334,043	0	552,547	2,188,090	0
SACRAMENTO	LOS RIOS	63,923	285,094	2,008,270	355,590	1,869,513	0	849,883	3,452,587	53,618
SAN BERNARDINO	BARSTOW	4,015	23,820	308,080	81,525	86,363	0	35,774	145,340	0
	CHAFFEY	18,901	74,257	451,419	48,345	843,055	0	190,981	625,664	0
	SAN BERNARDINO	32,576	124,737	634,772	178,723	580,363	0	348,391	1,223,606	0
	VICTOR VALLEY	16,466	65,971	457,005	141,135	396,995	0	213,993	919,388	0
SAN BERNARDINO		71,958	288,785	1,851,276	449,728	1,906,776	0	789,139	2,913,998	0
SAN DIEGO	GROSSMONT-CUYAMACA	33,875	122,723	890,045	263,019	556,229	0	262,216	995,425	0
	MIRA COSTA	9,156	41,542	447,180	63,700	254,281	0	99,820	435,538	0
	PALOMAR	22,321	71,638	810,335	113,178	484,622	0	155,058	908,087	0
	SAN DIEGO	80,528	341,841	1,338,895	212,302	2,051,663	0	1,232,850	2,960,095	29,415
	SOUTHWESTERN	37,011	135,428	1,075,632	107,293	408,820	0	176,953	661,606	2,644
SAN DIEGO		182,891	713,172	4,562,087	759,492	3,755,615	0	1,926,897	5,960,751	32,059

CALIFORNIA COMMUNITY COLLEGES
CATEGORICAL APPORTIONMENTS - PART 1
1998-99 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT B-2A

COUNTY	DISTRICT	FEE WAIVER ADMIN (2%)	STUDENT FINANCIAL AID ADMIN.	E.O.P.S.	C.A.R.E.	D.S.P.S.	STATE HOSPITALS	T.A.N.F. (GAIN)	CALWORKS	PART-TIME FACULTY HEALTH INSURANCE
SAN FRANCISCO	SAN FRANCISCO	34,852	113,065	1,386,180	58,999	1,024,732	0	443,427	1,956,401	0
SAN JOAQUIN	SAN JOAQUIN	35,633	118,185	1,241,823	320,808	727,858	0	346,723	1,408,557	0
SAN LUIS OBISPO	SAN LUIS OBISPO	14,535	55,352	260,520	82,210	495,424	0	55,653	458,736	59,770
SAN MATEO	SAN MATEO	22,371	106,488	1,078,310	83,021	952,381	0	100,472	418,188	0
SANTA BARBARA	ALLAN HANCOCK	16,375	66,745	345,200	137,055	417,735	0	158,420	756,923	0

EFCW 1.6-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$	/	/	/	/	/	/
5 Number of credit units for which enrollment fees were waived.	/	/	/	/	/	/	/	/
Summer	/	/	/	/	/	/	/	/
Fall	/	/	/	/	/	/	/	/
Winter/Intersession	/	/	/	/	/	/	/	/
Spring	/	/	/	/	/	/	/	/
TOTAL x \$0.91 per credit	/	/	/	/	/	/	/	/

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: *K. Vyas* Date: 7/18/06
Kashmita Vyas Position or Title: 7/18/06
 Employee Name: (print)

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,866,642	3,260,641	
2002-03	1,798,244	3,317,202	
2003-04	2,655,240	4,923,768	
2004-05	3,877,667	6,847,842	

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton	
1998-99			Pre-Banner Year
1999-00			Pre-Banner Year
2000-01			Pre-Banner Year
2001-02	3,129	913,539	
2002-03	67	1,052,867	
2003-04	5,225	1,437,645	
2004-05	737,447	1,303,313	

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - <i>SAA</i>
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - <i>SAA</i>
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - <i>SAA</i>
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - <i>SAA</i>

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	88-99 Total 3,366,725 - <i>SAA</i>
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - <i>SAA</i>
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - <i>SAA</i>
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - <i>SAA</i>
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - <i>SAA</i>
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - <i>SAA</i>
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - <i>SAA</i>

- Same as CCCO report - see following 2 pages - *SAA*

Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
San Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11		
Chabot CCD	FAM-29C	34.57	38.76	39.36	42.24	39.41	35.87	34.89	34.69	
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58		
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
College of the Sequoias CCD	FAM-29C	48.43	45.68	41.58	38.40	31.24	29.83	31.91	35.36	
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22		
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Hartnell CCD	FAM-29C	52.81	49.16	46.72	42.33	35.08	34.74	36.34		
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89		
Los Rios CCD	FED rate								30.0	30.0
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33		
Monterey Peninsula CCD	FAM-29C					34.91	38.94	43.85		
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	39.00
Palomar CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	
Palo Verde CCD	FAM-29C	47.29	41.20	43.03	39.17	63.70	53.57	45.81	39.76	
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Redwoods CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	
Mt. San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94		
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91		
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90		
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80		
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	
Yosemite CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88		

* ICR taken from previously filed claims

NORTH DAVENPORT COUNTY CO
11-18-99 UPDATE

PRODUCTIVE HOURLY RATE COMPUTATION:
98/99 - MANDATED COST NETWORK

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
AYON, VIOLET	EXEC. ADM. AIDE	CL	67,312.00	13,111.54	80,423.54	1800	44.68
BALDOVINO, CORA	EXEC. SEC III	CL/CONFIDENTIAL	43,248.00	12,444.44	55,692.44	1800	30.94
BALDWIN, LINDA	DIST DIR PERS OPERATIONS	CL	82,173.00 *	12,349.53	94,522.53	1800	52.51
BARROW, LINDA	PERSONNEL SPEC	CL/CONFIDENTIAL	43,669.44	12,521.20	56,190.64	1800	31.22
BEDARD, DON	PRESIDENT	CE	108,874.00 **	13,087.16	121,941.16	1800	67.75
BEELE, RON	DIR. PHYSICAL PLANT	CL	86,203.00 *	12,434.68	98,637.68	1800	54.80
BEERS, SUSAN	DIVISION DEAN	CE	92,737.00	15,879.94	108,616.94	1800	60.34
BELOZ, GEORGE	DEAN STDT SUPP SVCS	CE	92,737.00	14,238.23	106,975.23	1800	59.43
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	40,592.16	11,582.87	52,175.03	1800	28.99
BROWN, ALLEN	DIVISION DEAN	CE	92,737.00	15,879.94	108,616.94	1800	60.34
BRUCE, KAY	DEAN INSTRUCTION	CE	92,737.00	15,879.94	108,616.94	1800	60.34
BUERAS, CARMEN	ACCOUNTING TECHNICIAN	CL	28,560.00	7,754.22	36,314.22	1800	20.17
BURGESS, JULIE	ASST/LEARNING CENTER	CL	36,480.00	9,302.16	45,782.16	1800	25.43
BURNS, MICHAEL	DIVISION DEAN	CE	90,637.00	15,684.64	106,321.64	1800	59.07
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID CL	85,899.00 *	13,773.88	99,672.88	1800	55.37
CAMPELLONE, BONNA	DIVISION DEAN	CE	90,637.00	14,337.84	104,974.84	1800	58.32
CARO, MIKE	DIST DIRECTOR HUMAN RESOURCES	CL	66,545.00	11,732.12	78,277.12	1800	43.49
CARRITHERS, JOE	INSTRUCTOR	CE	50,361.00	10,623.31	60,984.31	1800	33.88
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	30,780.00	10,076.46	40,856.46	1800	22.70
DAINKO, JOYCE	ADM. SEC.	CL	36,890.04	12,348.44	49,238.48	1800	27.35
EGGERS, GOLDIE	LIBRARIAN	CE	68,243.00	11,571.70	79,814.70	1800	44.34
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	53,637.00	11,921.82	65,558.82	1800	36.42
ELLIS, JO	DIVISION OFFICE MANAGER	CL	39,680.16	12,786.49	52,466.65	1800	29.15
ENGBERG, KATHRYN	ADULT ED SUPPORT MANAGER	CL	53,448.00	10,558.58	64,006.58	1800	35.56
FISHMAN, DARLENE	INSTRUCTOR	CE	68,243.00	11,556.10	79,799.10	1650	48.36
FRANKS, JOE	DIRECTOR ACADEMIC COMPUTING	CE	61,089.00	12,936.68	74,025.68	1800	41.13
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFAIRS	CL	62,012.00	11,319.24	73,331.24	1800	40.74
GIBSON, CARLENE	DEAN ADM & RECORDS	CE	90,637.00	15,684.64	106,321.64	1800	59.07
GOMBER, LISA	ADM. SEC. II	CL	38,980.08	9,690.17	48,670.25	1800	27.04
GUYTON, JEAN	MANAGER APPLICATION SUPPORT	CL	87,813.00 *	12,474.93	100,287.93	1800	55.72
HANNON, ANDREA	DIRECTOR/NURSING/DIR HEALTH SE	CE	81,389.40	14,824.61	96,214.01	1800	53.45
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	CL	68,502.00	13,215.07	81,717.07	1800	45.40
HARRIS, GLADYS	REGISTRAR	CL	42,930.00	9,643.51	52,573.51	1800	29.21
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	90,637.00 *	13,892.33	104,529.33	1800	58.07
HAYNES, CYNDI	LEAD PERSONNEL SPECIALIST	CL/CONFIDENTIAL	42,584.16	10,685.01	53,269.17	1800	29.59
HENRY, DIANE	DIVISION DEAN	CE	90,637.00	15,684.64	106,321.64	1800	59.07
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN RESOUR	CE	116,032.00 **	18,248.78	134,280.78	1800	74.60

NOV-18-1999 14:46

NUCUD BUSINESS OFFICE

7:14 7:38 49/74

P. 03/04

HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	34,586.43		12,415.77	47,002.20	1800	26.11	7/1-4/30
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	35,532.00		12,564.22	48,096.22	1800	26.72	5/1-6/30
BSEN, DAVID	PRESIDENT	CE	99,304.08	**	16,272.77	115,576.83	1800	64.21	
JACOBS, MICHAEL	DIVISION DEAN	CE	91,437.00		15,759.04	107,196.04	1800	59.55	
JAY, PAULA	ADM. SEC.	CL	36,890.04		12,348.44	49,238.48	1800	27.35	
KADRI, MARY	INSTRUCTION OFFICE ASSISTANT	CL	39,192.00		12,709.84	51,901.84	1800	28.83	- X
KASLER, MIKE	DEAN INSTRUCTION	CE	92,737.00		17,224.63	109,961.63	1800	61.09	
LEE, PAT	PAYROLL MANAGER	CL	59,466.00		12,428.94	71,894.94	1800	39.94	
LEWIS, MARGORIE	PRESIDENT	CE	118,032.00	**	21,278.04	137,310.04	1800	76.28	- X
LUSCH, ROD	WELDER	CL	47,388.00		12,609.12	59,997.12	1800	33.33	
MARTINEZ, VERA	VICE CHANCELLOR INSTRUCTION	CE	116,032.00	**	21,278.04	137,310.04	1800	76.28	
MCCAFFERTY, LAUREL	DIST MANAGER INSTRUCTION RESO	CL	53,423.00		10,590.50	64,013.50	1800	35.56	
MCGUIRE, GARY	PROVOST	CE	111,205.00		20,663.14	131,868.14	1800	73.26	
MCINTOSH, RICHARD	DIVISION DEAN	CE	92,237.00		15,833.44	108,070.44	1800	60.04	
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	79,352.00	*	12,263.40	91,615.40	1800	50.90	
MONTANO, DIANE	MANAGER CHILD CARE	CL	52,037.00		10,449.82	62,486.82	1800	34.71	
MORENO, GIL	VICE CHANCELLOR FINANCE/FACILITY	CE	116,032.00	**	21,278.04	137,310.04	1800	76.28	- X
NADELL, ROBERT	DEAN COUNSELING	CE	87,151.00		14,013.64	101,164.64	1800	56.20	
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	90,637.00	*	12,561.13	103,198.13	1800	57.33	
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	39,228.00		11,831.80	51,059.80	1800	28.37	
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	92,449.74		17,193.75	109,643.49	1800	60.91	
PHILLIPS, JIM	INSTRUCTOR	CE	74,305.00		13,466.67	87,771.67	1800	48.76	X
PASQUALE, DEBBIE	DIST ADMINISTRATOR SUPPORT	CL	57,353.00		12,245.11	69,598.11	1800	38.67	
PORTOLAN, JANET	DIVISION DEAN	CE	92,737.00		14,533.14	107,270.14	1800	59.59	
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	92,737.00	*	13,944.83	106,681.83	1800	59.27	
RAUBOLT, JACK	DIST DIRECTOR INFORMATION SERVI	CL	94,249.00	*	12,635.83	106,884.83	1800	59.38	
REEVE, THOMAS	DIVISION DEAN	CE	91,037.00		14,389.14	105,426.14	1800	58.57	
RIEDEL, DONNA	EXEC. SEC III	CL/CONFIDENTIAL	55,460.16		15,692.95	71,153.11	1800	39.53	
SIMPSON, BOB	DIVISION DEAN	CE	77,473.00		13,129.19	90,602.19	1800	50.33	
SOTO, ABEL	REC-ADM TECHNICIAN	CL	41,780.16		11,783.39	53,563.55	1800	29.76	
TERRY, CHRISTINE	DIST DIRECTOR DSBL. STUDENTS	CE	81,449.41		13,509.60	94,959.01	1800	52.76	
THOMAS, CONNIE	EXEC. SEC III	CL/CONFIDENTIAL	46,808.16		14,334.58	61,142.74	1800	33.97	
TOBLER, HANK	DIVISION DEAN	CE	91,837.00		15,796.24	107,633.24	1800	59.80	
VIERA, MICHAEL	PRESIDENT	CE	109,343.00	**	17,728.57	127,071.57	1800	70.60	
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	86,613.00	*	12,444.93	99,057.93	1800	55.03	
WILSON, MARCUS	DIVISION DEAN	CE	92,737.00		15,904.03	108,641.03	1800	60.36	
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	CL	81,383.00	*	12,314.18	93,697.18	1800	52.05	
ZANDY, BEN	INSTRUCTOR	CE	71,820.00		13,235.56	85,055.56	1800	47.25	X
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFFAIRS	CL	80,973.00	*	12,303.93	93,276.93	1800	51.82	

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$68,400 (1/1/98)
Wage Base \$72,600 (1/1/99)
Used average of \$70,500
If Annual Salary of employee covered by Social Security over \$70,500-Multiply 6.2% times excess
and deducted this amount from total benefits

TOTAL P.04

**PRODUCTIVE HOURLY F E COMPUTATION:
98/99 - MANDATED COST NETWORK**

Handwritten: Kent 11/8/99

North Oxance County CCA

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
AYON, VIOLET	EXEC. ADM. AIDE	CL	67,312.00	13,111.54	80,423.54	1800	44.68
BALDOVINO, CORA	EXEC. SEC III	CL/CONFIDENTIAL	43,248.00	12,444.44	55,692.44	1800	30.94
BALDWIN, LINDA	DIST DIR PERS OPERATIONS	CL	82,173.00 *	12,349.53	94,522.53	1800	52.51
BARROW, LINDA	PERSONNEL SPEC	CL/CONFIDENTIAL	43,669.44	12,521.20	56,190.64	1800	31.22
BEDARD, DON	PRESIDENT	CE	108,874.00 **	13,067.16	121,941.16	1800	67.75
BEEELER, RON	DIR. PHYSICAL PLANT	CL	86,203.00 *	12,434.68	98,637.68	1800	54.80
BEERS, SUSAN	DIVISION DEAN	CE	92,737.00	15,879.94	108,616.94	1800	60.34
BELOZ, GEORGE	DEAN STDT SUPP SVCS	CE	92,737.00	14,238.23	106,975.23	1800	59.43
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	40,592.16	11,582.87	52,175.03	1800	28.99
BROWN, ALLEN	DIVISION DEAN	CE	92,737.00	15,879.94	108,616.94	1800	60.34
BRUCE, KAY	DEAN INSTRUCTION	CE	92,737.00	15,879.94	108,616.94	1800	60.34
BUERAS, CARMEN	ACCOUNTING TECHNICIAN	CL	28,560.00	7,754.22	36,314.22	1800	20.17
BURNS, MICHAEL	DIVISION DEAN	CE	90,637.00	15,684.64	106,321.64	1800	59.07
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID CL	85,899.00 *	13,773.88	99,672.88	1800	55.37
CAMPPELLONE, BONNA	DIVISION DEAN	CE	90,637.00	14,337.84	104,974.84	1800	58.32
CARO, MIKE	DIST DIRECTOR HUMAN RESOURCES	CL	66,545.00	11,732.12	78,277.12	1800	43.49
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	30,780.00	10,076.46	40,856.46	1800	22.70
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	53,637.00	11,921.82	65,558.82	1800	36.42
ENGBERG, KATHRYN	ADULT ED SUPPORT MANAGER	CL	53,448.00	10,558.58	64,006.58	1800	35.56
FISHMAN, DARLENE	INSTRUCTOR	CE	68,243.00	11,556.10	79,799.10	1650	48.36
FRANKS, JOE	DIRECTOR ACADEMIC COMPUTING	CE	61,089.00	12,936.68	74,025.68	1800	41.13
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFAIRS	CL	62,012.00	11,319.24	73,331.24	1800	40.74
GOMBER, LISA	ADM. SEC. II	CL	38,980.08	9,690.17	48,670.25	1800	27.04
GUYTON, JEAN	MANAGER APPLICATION SUPPORT	CL	87,813.00 *	12,474.93	100,287.93	1800	55.72
HANNON, ANDREA	DIRECTOR/NURSING/DIR HEALTH SE	CE	81,389.40	14,824.61	96,214.01	1800	53.45
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	CL	68,502.00	13,215.07	81,717.07	1800	45.40
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	90,637.00 *	13,892.33	104,529.33	1800	58.07
HAYNES, CYNDI	LEAD PERSONNEL SPECIALIST	CL/CONFIDENTIAL	42,584.16	10,685.01	53,269.17	1800	29.59
HENRY, DIANE	DIVISION DEAN	CE	90,637.00	15,684.64	106,321.64	1800	59.07
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN RESOUR	CE	116,032.00 **	18,248.78	134,280.78	1800	74.60
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	34,586.43	12,415.77	47,002.20	1800	26.11
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	35,532.00	12,564.22	48,096.22	1800	26.72
IBSEN, DAVID	PRESIDENT	CE	99,304.06 **	16,272.77	115,576.83	1800	64.21
JACOBS, MICHAEL	DIVISION DEAN	CE	91,437.00	15,759.04	107,196.04	1800	59.55
JAY, PAULA	ADM. SEC.	CL	36,890.04	12,348.44	49,238.48	1800	27.35

7/1-4/30
5/1-6/30

KASLER, M'	DEAN INSTRUCTION	CE	92,737.00		17,224.63	109,961.63	1800	.09
LEE, PAT	PAYROLL MANAGER	CL	59,466.00		12,428.94	71,894.94	1800	9.94
LEWIS, MARGORIE	PRESIDENT	CE	116,032.00	**	21,278.04	137,310.04	1800	76.28
LUSCH, ROD	WELDER	CL	47,388.00		12,609.12	59,997.12	1800	33.33
MARTINEZ, VERA	VICE CHANCELLOR INSTRUCTION	CE	116,032.00	**	21,278.04	137,310.04	1800	76.28
MCCAFFERTY, LAUREL	DIST MANAGER INSTRUCTION RESO	CL	53,423.00		10,590.50	64,013.50	1800	35.56
MCGUIRE, GARY	PROVOST	CE	111,205.00		20,663.14	131,868.14	1800	73.26
MCINTOSH, RICHARD	DIVISION DEAN	CE	92,237.00		15,833.44	108,070.44	1800	60.04
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	79,352.00	*	12,263.40	91,615.40	1800	50.90
MONTANO, DIANE	MANAGER CHILD CARE	CL	52,037.00		10,449.82	62,486.82	1800	34.71
MORENO, GIL	VICE CHANCELLOR FINANCE/FACILITI	CE	116,032.00	**	21,278.04	137,310.04	1800	76.28
NADELL, ROBERT	DEAN COUNSELING	CE	87,151.00		14,013.64	101,164.64	1800	56.20
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	90,637.00	*	12,561.13	103,198.13	1800	57.33
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	39,228.00		11,831.80	51,059.80	1800	28.37
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	92,449.74		17,193.75	109,643.49	1800	60.91
PASQUALE, DEBBIE	DIST ADMINISTRATOR SUPPORT	CL	57,353.00		12,245.11	69,598.11	1800	38.67
PORTOLAN, JANET	DIVISION DEAN	CE	92,737.00		14,533.14	107,270.14	1800	59.59
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	92,737.00	*	13,944.83	106,681.83	1800	59.27
RAUBOLT, JACK	DIST DIRECTOR INFORMATION SERVI	CL	94,249.00	*	12,635.83	106,884.83	1800	59.38
REEVE, THOMAS	DIVISION DEAN	CE	91,037.00		14,389.14	105,426.14	1800	58.57
RIEDEL, DONNA	EXEC. SEC III	CL/CONFIDENTIAL	55,460.16		15,692.95	71,153.11	1800	39.53
SIMPSON, BOB	DIVISION DEAN	CE	77,473.00		13,129.19	90,602.19	1800	50.33
TERRY, CHRISTINE	DIST DIRECTOR DSBL. STUDENTS	CE	81,449.41		13,509.60	94,959.01	1800	52.76
TOBLER, HANK	DIVISION DEAN	CE	91,837.00		15,796.24	107,633.24	1800	59.80
VIERA, MICHAEL	PRESIDENT	CE	109,343.00	**	17,728.57	127,071.57	1800	70.60
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	86,613.00	*	12,444.93	99,057.93	1800	55.03
WILSON, MARCUS	DIVISION DEAN	CE	92,737.00		15,904.03	108,641.03	1800	60.36
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	CL	81,383.00	*	12,314.18	93,697.18	1800	52.05
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFFAIRS	CL	80,973.00	*	12,303.93	93,276.93	1800	51.82

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$68,400 (1/1/98)
Wage Base \$72,600 (1/1/99)
Used average of \$70,500
If Annual Salary of employee covered by Social Security over \$70,500-Multiply 6.2% times excess
and deducted this amount from total benefits

SixTen and Associates Mandate Reimbursement Services

WILLIAM B. PETERSEN, MPA, JD, President
252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,

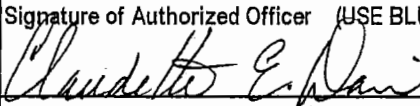


Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS			For State Controller Use Only	Program 267		
			(19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___			
L A B E L H E R E	(01) Claimant Identification Number: CC30105		Reimbursement Claim Data			
	(02) Claimant Name North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f)			
	County of Location Orange		(23) EFCW-1, (04)(A)(1)(b)(f)			
	Street Address or P.O. Box 1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f)	655,980		
	City Anaheim	State CA	Zip Code 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)		
	Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)	251	
		(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)		
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)	120,363	
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f)	2,261	
	Fiscal Year of cost	(06)	(12) 1999-2000	(30) EFCW-1, (06)	38	
Total Claimed Amount	(07)	(13) \$ 909,655	(31) EFCW-1, (07)	295,965		
Less: 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09)	42,290		
Less: Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10)	122,875		
Net Claimed Amount		(16) \$ 909,655	(34)			
Due from State	(08)	(17) \$ 909,655	(35)			
Due to State		(18)	(36)			
(37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Signature of Authorized Officer (USE BLUE INK)			Date			
			7/27/06			
Claudette Dain Type or Print Name			District Director, Fiscal Affairs Title			
(38) Name of Contact Person for Claim						
SixTen and Associates			Telephone Number: (858) 514-8605			
			E-mail Address: kbpsixten@aol.com			

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed ___/___/___	
	(21) LRS Input ___/___/___	

(01) Claimant Identification Number: CC30105		Reimbursement Claim Data	
(02) Claimant Name North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f)	
County of Location Orange		(23) EFCW-1, (04)(A)(1)(b)(f)	
Street Address or P.O. Box 1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f)	655,980
City Anaheim	State CA	Zip Code 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)
Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f)
Fiscal Year of cost	(06)	(12) 1999-2000	(30) EFCW-1, (06)
Total Claimed Amount	(07)	(13) \$ 909,655	(31) EFCW-1, (07)
Less: 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09)
Less: Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10)
Net Claimed Amount		(16) \$ 909,655	(34)
Due from State	(08)	(17) \$ 909,655	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)	Date
	7/27/06
Claudette Dain	District Director, Fiscal Affairs
Type or Print Name	Title
(38) Name of Contact Person for Claim	
SixTen and Associates	Telephone Number: (858) 514-8605
	E-mail Address: kbpsixten@aol.com

Program 67	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 1999-2000
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)

a. Preparing district policies & procedures for § IV.A.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)

a. Calculating and collecting enrollment fees	\$ 655,980.25	\$ -	\$ -	\$ -	\$ -	\$ 655,980.25
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E. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)

a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 251.20	\$ -	\$ -	\$ -	\$ -	\$ 251.20

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)

a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 120,363.31	\$ -	\$ -	\$ -	\$ -	\$ 120,363.31
c. Reporting BOG fee waiver data to CCC	\$ 2,260.80	\$ -	\$ -	\$ -	\$ -	\$ 2,260.80

(05) Total Direct Costs	\$ 778,855.56	\$ -	\$ -	\$ -	\$ -	\$ 778,855.56
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Indirect Costs

(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]	38.00%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]	\$ 295,965.11
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	\$ 1,074,820.67

Cost Reduction

(09) Less: Enrollment Fee Revenue offset	\$ 42,290.00
(10) Enrollment Fee Waiver offsets	\$ 122,875.31
(11) Total Claimed Amount	\$ 909,655.36

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant Orange County Community College District	(02) Fiscal Year 1999-2000
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various staff | Collecting fees	\$22.65	7,284.2	\$ 164,987.13				
Calculating total enrollment fee to be collected Various staff | Collecting fees	\$22.65	6,164.9	\$ 139,634.99				
Answering student's questions regarding enrollment fee collection Various staff | Collecting fees	\$22.65	7,823.7	\$ 177,206.81				
Maintaining written and computer records for enrollment fee information Various staff Collecting fees	\$22.65	7,688.8	\$ 174,151.32				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 655,980.25	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant in Orange County Community College District	(02) Fiscal Year 1999-2000
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$31.40	8.0	\$ 251.20				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 251.20	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant In Orange County Community College District	(02) Fiscal Year 1999-2000
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(03) Reimbursable Activities: Check only **one** box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Various staff II Waiving enrollment fees	\$20.13	914.9	\$ 18,416.94				
Receiving waiver applications Various staff II Waiving enrollment fees	\$20.13	1,372.3	\$ 27,624.40				
Evaluating waiver applications and verifying application documents Various staff II Waiving enrollment fees	\$20.13	1,650.0	\$ 33,214.50				
ing approved application information into district records; providing student award letter Various staff II Waiving enrollment fees	\$20.13	2,042.1	\$ 41,107.47				

(05)	Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 120,363.31	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant Orange County Community College District	(02) Fiscal Year 1999-2000
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$31.40	72.0	\$ 2,260.80				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 2,260.80	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
308/95 ENROLLMENT COLLECTIONS/WAIVERS

1999-2000

Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
99-00	8.00	Larson, Nancy	Coordinator	\$31.40	\$251.20	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
99-00	72.00	Larson, Nancy	Coordinator	\$31.40	\$2,260.80	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$2,512.00		
99-00	7,284.20	Various staff I	Collecting fees	\$22.65	\$164,987.13	Referencing student accounts and records	Calculating and collecting enrollment fees
99-00	6,164.90	Various staff I	Collecting fees	\$22.65	\$139,634.99	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
99-00	7,823.70	Various staff I	Collecting fees	\$22.65	\$177,206.81	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
99-00	7,688.80	Various staff I	Collecting fees	\$22.65	\$174,151.32	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
	28,961.60	Various staff I Total			\$655,980.25		
99-00	914.90	Various staff II	Waiving enrollment fees	\$20.13	\$18,416.94	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
99-00	1,372.30	Various staff II	Waiving enrollment fees	\$20.13	\$27,624.40	Receiving waiver applications	Waiving student fees
99-00	1,650.00	Various staff II	Waiving enrollment fees	\$20.13	\$33,214.50	Evaluating waiver applications and verifying application documents	Waiving student fees
99-00	2,042.10	Various staff II	Waiving enrollment fees	\$20.13	\$41,107.47	Entering approved application information into district records; providing student award letter	Waiving student fees
	5,979.30	Various staff II Total			\$120,363.31		
	35,020.90	Grand Total			\$778,855.56		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: June 9, 1998

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preced:
Agreement was dated
March 30, 1987

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/97	06/30/02	38.0	On-Campus	All Programs
PROV.	07/01/02	06/30/04	38.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.6B

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

Original Fax

JUL 20 2006

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

Telephone #

12mo/11mo/10mo/hrly
Work year length

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: 8 8 8 8 8 8 8

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.

72 72 72 72 72 72 72

TOTALS: 80 80 80 80 80 80 80

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 [Signature]

Date 7/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1999-2000
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 4.
 Findings:

*EFC 1	80,935
Avg. time p/account	5.4
Total Time (in minutes)	<u>437049</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>7284.2</u>
*EFC 2	71,133
Avg. time p/student	5.2
Total Time (in minutes)	<u>369892</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>6164.9</u>
*EFC 1	80,935
Avg. time p/question	5.8
Total Time (in minutes)	<u>469423</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>7823.7</u>
*EFC 1	80,935
Avg. time p/file	5.7
Total Time (in minutes)	<u>461330</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>7688.8</u>
*EFC 4	Client not able to provide. Pre-Banner Term.
Avg. time p/account	<u>5.5</u>
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 15)	<u>0.0</u>
*EFC 5	Client not able to provide. Pre-Banner Term.
Avg. time p/student	<u>5.4</u>
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 16)	<u>0.0</u>

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1999-2000
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	9,802
Avg. time p/question	5.6
Total Time (in minutes)	54891
Per Hour	60
Hours Worked (** Activity 21)	914.9
*EFW 6	9,802
Avg. time p/application	8.4
Total Time (in minutes)	82337
Per Hour	60
Hours Worked (** Activity 22)	1372.3
*EFW 6	9,802
Avg. time p/evaluation	10.1
Total Time (in minutes)	99000
Per Hour	60
Hours Worked (** Activity 23)	1650.0
*EFW 8	Client not able to provide. Pre-Banner Term.
Avg. time p/application	9.9
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 24)	0.0
*EFW 7	9,802
Avg. time p/application	12.5
Total Time (in minutes)	122525
Per Hour	60
Hours Worked (** Activity 25)	2042.1
*EFW 8	Client not able to provide. Pre-Banner Term.
Avg. time p/application	14.3
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 26)	0.0

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21** - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22** - Receive 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.
- 23** - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24** - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25** - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26** - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1		4	5
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Emice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 PHR-Average
 Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Aklilah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Carter, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antonese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Filippi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	FC-A&R-Office Coordinator	\$20.80	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.61
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.65	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant I				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amelia	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebecca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushla, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8		7	8
		**Activity Codes					
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandi	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushla, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.

22 - Receive 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.

23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.

24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.

25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.

26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1999-00 through 2004-05
PHR-Average
Various Staff - Waiving enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-Financial Aid Technician								
Alcaraz, Jose	FC-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Staff Support				\$7.75	\$9.00		\$9.00	\$10.00
Bustos, Raymond	FC-V&A Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Caro, Barbara	FC-A&R-Admissions Technician	\$26.28	\$27.98	\$30.57	\$30.56	\$33.51	\$33.02	\$35.50	\$34.71
Cobb, Keith	CC-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dillon, Andrew	FC-A&R-Hourly Staff Support							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funakoa, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Lam, Tina	FC-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Transcript Clerk						\$7.75	\$8.25	\$9.00
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Oropeza, Elaine	FC-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Reza, Alan	CC-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Salcedo, Daniel	FC-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Tran, Kimberly	CC-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Tushla, Nicol	FC-A&R-Evaluator	\$13.40	\$18.74	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$17.73	\$20.13	\$23.45	\$24.48	\$24.36	\$24.94	\$24.17	\$25.11

Conclusion: Findings go forward to EFCW-2.

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCA

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (d Mandate Coordinator)

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

*Copy - original in
04-05 resources
-SSA*

EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date: 7/18/06
 Employee Name: (print) Kashmita Vyas Position or Title Accounting Specialist

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

*Copy original
in 04-05 resources
-SAB*

EFCW 1.8-3

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date 7/18/06
Employee Name: (print) Keshmika Vyas Position or Title Accounting Specialist

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Year	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SGA

99-00 Total = 80,935 - SGA

00-01 Total = 88,893 - SGA

01-02 Total = 88,897 - SGA

02-03 Total = 83,317 - SGA

03-04 Total = 76,868 - SGA

04-05 Total = 78,803

verified - see CCCO report directly on file

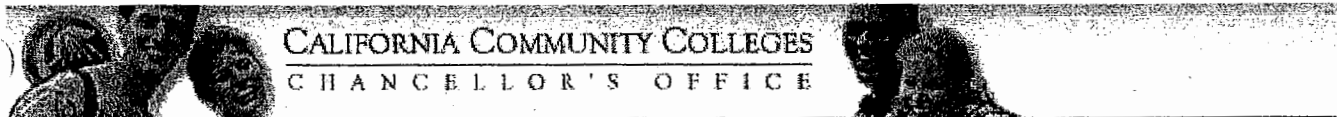
2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Year	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SGA
 99-00 Total = 71,133 - SGA
 00-01 Total = 78,391 - SGA
 01-02 Total = 78,141 - SGA
 02-03 Total = 71,431 - SGA
 03-04 Total = 64,723 - SGA
 04-05 Total = 64,582 - SGA



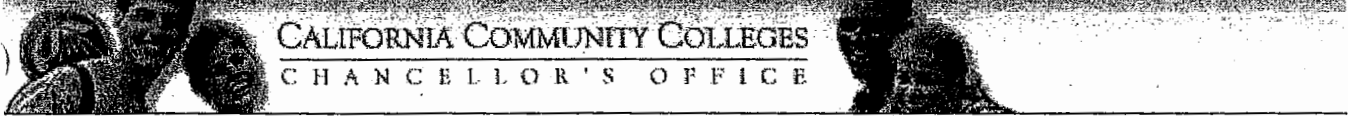
Student Demographics

Student Total Headcount For Cypress For 1999 Fall Term

Data Current As Of July 12, 2006 10:17:51

Total Headcount	14,335
------------------------	--------

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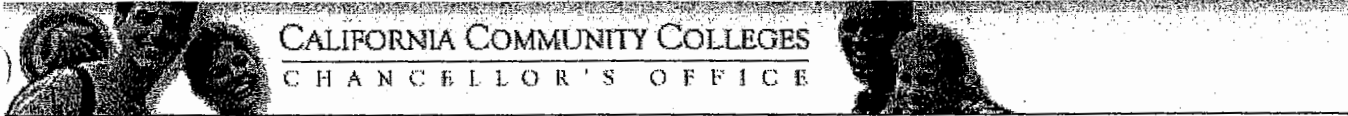
Student Demographics

**Student Total Headcount For Cypress
For 2000 Spring Semester**

Data Current As Of July 12, 2006 10:18:10

Total Headcount	15,007
------------------------	---------------

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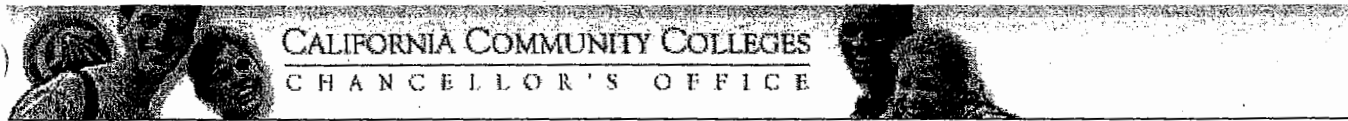
Student Demographics

**Student Total Headcount For Cypress
For 2000 Summer Term**

Data Current As Of July 12, 2006 10:18:27

Total Headcount	5,266
------------------------	--------------

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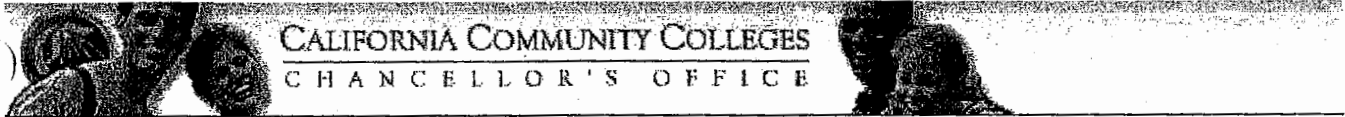
Student Demographics

**Student Total Headcount For Fullerton
For 1999 Fall Term**

Data Current As Of July 12, 2006 10:29:24

Total Headcount	19,061
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2000 Spring Semester**

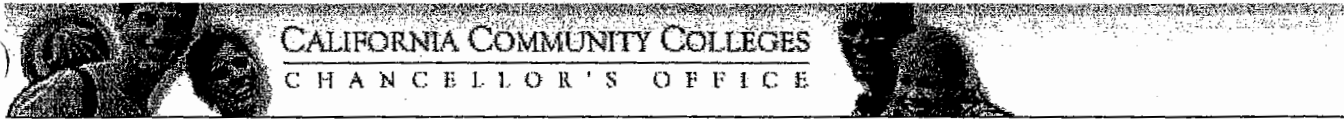
Data Current As Of July 12, 2006 10:31:25

Total Headcount	19,454
------------------------	---------------

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Student Demographics

Student Total Headcount For Fullerton For 2000 Summer Term

Data Current As Of July 12, 2006 10:31:44

Total Headcount	7,812
-----------------	-------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals
 Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

verified these #s
 are same as BOGG waivers
 per CCCO website - SAA

See following
 2 pages - SAA

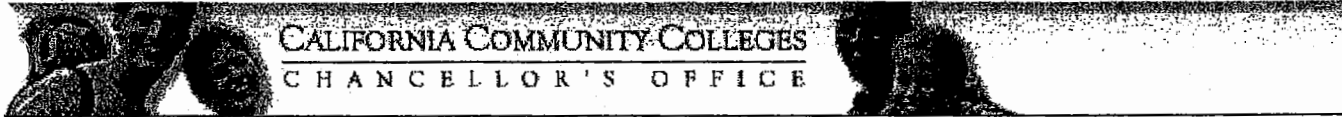
98-99 - Total - 9,936 - SAA
 99-00 - Total - 9,802 - SAA
 00-01 - Total - 10,502 - SAA
 01-02 - Total - 10,756 - SAA
 02-03 - Total - 11,886 - SAA
 03-04 - Total - 12,145 - SAA
 04-05 - Total - 14,221 - SAA

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
 Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton	
Fall 1998			Pre-Banner Term
Spring 1999			Pre-Banner Term
Summer 1999			Pre-Banner Term
Fall 1999			Pre-Banner Term
Spring 2000			Pre-Banner Term
Summer 2000			Pre-Banner Term
Fall 2000			Pre-Banner Term
Spring 2001			Pre-Banner Term
Summer 2001			Pre-Banner Term
Fall 2001	3	4	
Spring 2002	7	6	
Summer 2002	22	5	Total 47 - SAA
Fall 2002	163	8	
Spring 2003	34	11	Total 262 - SAA
Summer 2003	38	8	
Fall 2003	200	64	
Spring 2004	18	12	Total 377 - SAA
Summer 2004	70	13	
Fall 2004	168	72	
Spring 2005	66	57	Total 402 - SAA
Summer 2005	5	34	

Broke Down into FY's the way
 client did on Page 1 of 6 for 1. Total
 Number of Students Enrolled in College - SAA



Student Financial Aid Awards

Cypress College Financial Aid Count and Amount By type For 1999-2000

Data Current As Of July 12, 2006 11:18:43

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	14	2,839
BOGW - Part A-2 based on SSI recipient status	26	2,951
BOGW - Part A-4 based on Veteran's or National Guard dependent status	14	3,245
BOGW - Part A basis unreported	104	13,845
BOGW - Part B based on income standards	2,319	400,454
BOGW - Part C based on financial need	3,101	1,124,539

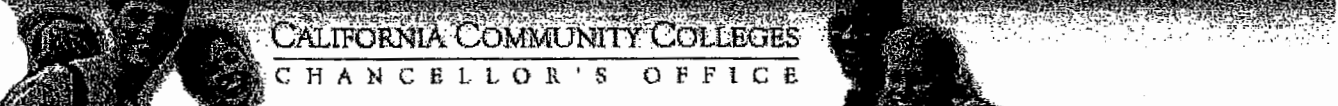
Total Unduplicated Count = 4,777

Total Amount = \$ 1,547,873

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 1999-2000

Data Current As Of July 12, 2006 11:20:41

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	24	3,099
BOGW - Part A-2 based on SSI recipient status	39	4,749
BOGW - Part A-3 based on general assistance recipient status	1	209
BOGW - Part A-4 based on Veteran's or National Guard dependent status	11	2,540
BOGW - Part A basis unreported	160	25,618
BOGW - Part B based on income standards	2,286	442,209
BOGW - Part C based on financial need	3,201	1,083,948

Total Unduplicated Count = 5,025
Total Amount = \$ 1,562,372

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver

Eligibility

JixTen Form: EFCW 1.8-2, #2. NOTE: Only have District Totals

Source: Banner

Term	Cypress & Fullerton Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into Fy's the way client did on pg. 1 of 6 for 1- Total Number of Students Enrolled in College - SAs

Total = 3,599 - SAs 01-02

Total = 4,298 - SAs 02-03

Total = 4,402 - SAs 03-04

Total = 4,260 - SAs 04-05

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

Term	Cypress	Fullerton
Fall 1998	-	-
Spring 1999	-	-
Summer 1999	-	-
Fall 1999	-	-
Spring 2000	-	-
Summer 2000	-	-
Fall 2000	-	-
Spring 2001	-	-
Summer 2001	-	-
Fall 2001	26	6,748
Spring 2002	18	6,043
Summer 2002	4	2,425
Fall 2002	25	7,304
Spring 2003	2	7,524
Summer 2003	1	2,307
Fall 2003	8	6,851
Spring 2004	7	6,233
Summer 2004	64	2,204
Fall 2004	2,658	4,318
Spring 2005	2,304	4,042
Summer 2005	880	1,470

****** Refund #s are overstated - see page 100 #15 - sent

Broke Down into FY's the way client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - sent

99-00
99-00
00-01
01-02
02-03
03-04
04-05

Not Used - Revised #15 emailed to WIO on 7-13-06 - sent see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,993	9,839
2002-03	8,205	9,478
2003-04	10,475	10,287
2004-05	10,259	11,799

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

- Total 01-02 - 18,832 - sent

- Total 02-03 - 17,683 - sent

- Total 03-04 - 20,762 - sent

- Total 04-05 - 22,058 - sent

verified these #15 are same as BOGA waivers per ccc website.

See CCCC report directly after pg. 2 of 6 above - sent

Also see comparison sheet directly below - sent

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,507	9,507
2002-03	7,851	8,934
2003-04	9,132	9,407
2004-05	9,764	11,042

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

Total 01-02 - 18,014 - sent

Total 02-03 - 16,785 - sent

Total 03-04 - 18,539 - sent

Total 04-05 - 20,806 - sent

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year. (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Summer													Fall 04	Summer 04
Fall													Spring 05	Fall 04
Spring													Summer 05	Spring 05
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Client used CCCC website data for these #'s. Other client data that was provided was usually lower than this #. P/Sergio - at this late date go w/ the data supplied by client

This is the w/ client has FY date broken-out -
This is the w/ CCCC website has FY date broken out!

2. EFCW 1.8-3 - Ques. #2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	

Client used CCCO #'s

Client used CCCO #'s

Clients #'s higher

Clients #'s higher

Clients #'s higher

Clients #'s higher

Normally we ask client - why higher? - But at this late date Sergio said to go w/ clients #'s

3. EFCW 1.8-4 - Ques. #4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	

Client used CCCO #'s

Client used CCCO #'s

Client used CCCO #'s

Client used CCCO #'s

Client used CCCO #'s

Client used CCCO #'s

These #'s good client used CCCC website #'s - + we have usually gone w/ CCCC #'s over client #'s

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	-
2002-03	354	-
2003-04	1,343	-
2004-05	495	-

332 Total 01-02 = 818 - SCA
 544 Total 02-03 = 898 - SCA
 880 Total 03-04 = 2,223 - SCA
 757 Total 04-05 = 1,252 - SCA
 } = Sch. 4 EFW 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-4 and attachments from district office.

Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156

This data is for comparison with CCCC 2% calculation directly below Sch. 5A - same

1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192

(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 04-05 - unit fee				
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382
	Fall Spring			98,476	95,586	96,382	110,925
	Winter/Interssion						
	Spring Summer			15,952	13,488	17,086	18,034
	Total # of credits		288,818	204,603	207,735	208,683	239,341
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800

Summary

1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717					
1.8-4 5	Credit Units Waived		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992

Sr A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-2000 to 2004-2005
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.
 Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5
 Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96	
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92	
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64	
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52	
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00	
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)	
Offset Amount to Claim			To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52

Conclusion: If line 8 is negative, then line 6 - "Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7 - "Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

MERCED	Merced	18,029	55,542	142	194,889	460,745	0	298,01	1,210,926
MONTEREY	Hartnell	12,588	48,429	517,659	83,164	330,257	0	84,129	339,751
	Monterey Peninsula	6,333	20,514	553,207	99,447	533,500	0	48,758	213,896
-----		-----		-----		-----		-----	
MONTEREY		18,921	68,943	1,070,866	182,611	863,757	0	132,887	553,647
NAPA	Napa Valley	9,033	38,748	425,329	87,131	1,153,247	0	60,777	246,912
ORANGE	Coast	48,620	201,244	1,616,669	139,565	1,509,174	773,069	288,759	1,190,003
	North Orange County	42,290	125,648	1,343,830	180,197	1,159,962	0	256,782	1,037,004
	Rancho Santiago	34,259	129,264	925,292	109,587	916,642	0	418,675	1,500,942
	South Orange	22,497	70,051	935,429	135,320	1,130,078	0	84,078	363,800
-----		-----		-----		-----		-----	
ORANGE		147,666	526,207	4,821,220	564,669	4,715,856	773,069	1,048,294	4,091,749
PLACER	Sierra	15,639	40,853	430,997	69,769	662,770	0	91,280	413,559
PLUMAS	Feather River	1,899	15,830	167,439	40,363	213,497	0	25,000	105,052
RIVERSIDE	Desert	12,507	48,047	344,306	97,694	293,840	0	111,254	451,989
	Mt. San Jacinto	10,338	37,171	422,624	148,285	292,398	0	119,661	483,200
	Palo Verde	1,304	14,807	207,726	34,726	109,964	0	25,000	100,000
	Riverside	37,711	94,670	424,739	38,567	721,980	0	304,646	1,280,302
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RIVERSIDE		61,860	194,695	1,399,395	319,272	1,418,182	0	560,561	2,315,536

CALIFORNIA COMMUNITY COLLEGES
CATEGORICAL APPORTIONMENTS - PART 1
1999-2000 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT B-2A

COUNTY	DISTRICT	FEE WAIVER ADMIN (2%)	STUDENT FINANCIAL AID ADMIN	E.O.P.S.	C.A.R.E.	D.S.P.S.	STATE HOSPITALS	TANF (GAIN)	CALWORKS
SACRAMENTO	Los Rios	75,176	253,100	2,201,362	460,668	2,239,363	0	906,490	3,660,828
SAN BERNARDINO	Barstow	3,358	21,131	317,882	82,538	86,270	0	39,154	145,755
	Chaffey	20,130	65,911	489,961	57,774	903,539	0	181,432	643,092
	Copper Mtn.	0	12,500	139,415	8,778	99,545	0	25,000	89,000
	San Bernardino	32,875	110,714	689,965	134,111	605,533	0	330,971	1,344,636
	Victor Valley	16,623	58,530	502,715	146,316	524,664	0	203,293	825,919
-----		-----		-----		-----		-----	
SAN BERNARDINO		72,986	268,786	2,139,938	429,517	2,219,551	0	779,850	3,048,402
SAN DIEGO	Grossmont-Cuyamaca	33,004	108,929	939,812	287,820	637,525	0	249,105	1,011,989
	Mira Costa	8,019	36,853	479,293	112,321	309,141	0	94,829	385,200
	Palomar	20,131	63,563	780,853	109,035	600,891	0	147,305	637,340
	San Diego	72,169	303,330	1,424,126	210,862	2,430,283	0	1,171,208	3,662,589
	Southwestern	33,405	120,141	1,169,418	146,125	496,232	0	168,105	679,308
-----		-----		-----		-----		-----	
SAN DIEGO		166,728	632,816	4,793,502	866,163	4,474,072	0	1,830,552	6,376,495
SAN FRANCISCO	San Francisco	30,847	100,302	1,302,749	66,121	1,480,708	0	421,256	1,826,779
SAN JOAQUIN	San Joaquin Delta	31,384	104,844	1,196,644	299,431	820,438	0	352,022	1,546,628
SAN LUIS OBISPO	San Luis Obispo	14,148	49,104	280,262	79,201	621,440	0	52,870	251,789
SAN MATEO	San Mateo	18,962	94,468	1,023,822	85,411	1,048,703	0	95,448	346,279
SANTA BARBARA	Allan Hancock	16,609	59,223	373,364	180,697	535,107	0	150,499	774,617
	Santa Barbara	18,289	68,555	698,536	110,031	674,384	0	81,813	395,012
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EFCW 1.8-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CCS

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$	/					
3 5 Number of credit units for which enrollment fees were waived.	/							
Summer	/							
Fall	/							
Winter/Intersession	/							
Spring	/							
TOTAL x \$0.91 per credit	/							

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: *K. Vas* Date: 7/18/06
 Employee Name: Kashmira Vas Position or Title: 7/18/06

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. *******

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,866,642	3,260,641	
2002-03	1,798,244	3,317,202	
2003-04	2,655,240	4,923,768	
2004-05	3,877,667	6,847,842	

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. ******

Academic Year	Cypress	Fullerton	
1998-99			Pre-Banner Year
1999-00			Pre-Banner Year
2000-01			Pre-Banner Year
2001-02	3,129	913,539	
2002-03	67	1,052,867	
2003-04	5,225	1,437,645	
2004-05	737,447	1,303,313	

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - SA
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - SA
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - SA
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - SA

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	98-99 Total 3,366,725 - SA
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - SA
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - SA
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - SA
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - SA
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - SA
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - SA

- Same as CCCO report - see following 2 pages - SA



Student Financial Aid Awards

Cypress College Financial Aid Count and Amount By type For 1999-2000

Data Current As Of July 12, 2006 11:18:43

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	14	2,839
BOGW - Part A-2 based on SSI recipient status	26	2,951
BOGW - Part A-4 based on Veteran's or National Guard dependent status	14	3,245
BOGW - Part A basis unreported	104	13,845
BOGW - Part B based on income standards	2,319	400,454
BOGW - Part C based on financial need	3,101	1,124,539

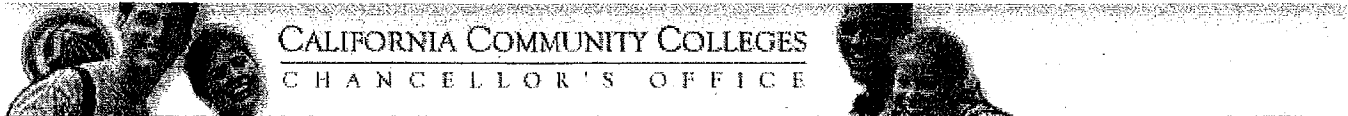
Total Unduplicated Count = 4,777

Total Amount = \$ 1,547,873

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California Home

Wednes



Student Financial Aid Awards

Fullerton College Financial Aid Count and Amount By type For 1999-2000

Data Current As Of July 12, 2006 11:20:41

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	24	3,099
BOGW - Part A-2 based on SSI recipient status	39	4,749
BOGW - Part A-3 based on general assistance recipient status	1	209
BOGW - Part A-4 based on Veteran's or National Guard dependent status	11	2,540
BOGW - Part A basis unreported	160	25,618
BOGW - Part B based on income standards	2,286	442,209
BOGW - Part C based on financial need	3,201	1,083,948

Total Unduplicated Count = 5,025
Total Amount = \$ 1,562,372

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308/95 Enrollment Fee Collection and Waivers

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13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year Cypress Fullerton

Academic Year	Cypress	Fullerton	
Fall 1998			Not Applicable for this Term per SixTen Form
Spring 1999			Not Applicable for this Term per SixTen Form
Summer 1999			Not Applicable for this Term per SixTen Form
Fall 1999			Not Applicable for this Term per SixTen Form
Spring 2000			Not Applicable for this Term per SixTen Form
Summer 2000			Not Applicable for this Term per SixTen Form
Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
2000/01 Year	138,142	150,676	For this year, Annual amount calculated as Annual amount from #12 above / \$11.00 per unit for this year.
Fall 2001	42,259	47,916	
Spring 2002	45,262	53,214	01-02 Total = 204,603 - 8000
Summer 2002	6,949	9,003	
Fall 2002	45,508	53,153	
Spring 2003	43,929	51,657	02-03 Total = 207,735 - 8000
Summer 2003	5,533	7,955	
Fall 2003	45,883	49,332	
Spring 2004	45,390	50,992	03-04 Total = 208,683 - 8000
Summer 2004	7,140	9,946	
Fall 2004	49,772	60,610	
Spring 2005	49,619	61,306	04-05 Total = 239,341 - 8000
Summer 2005	7,011	11,023	

03-04 Total = 276,811

** - The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes):

Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11		
Chabot CCD	FAM-29C	34.57	38.76	39.36	42.24	39.41	35.87	34.89	34.69	
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58		
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
College of the Sequoias CCD	FAM-29C	48.43	45.68	41.58	38.40	31.24	29.83	31.91	35.36	
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22		
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Hartnell CCD	FAM-29C	52.81	49.16	46.72	42.33	35.08	34.74	36.34		
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89		
Los Rios CCD	FED rate								30.0	30.0
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33		
Maryland Peninsula CCD	FAM-29C					34.91	38.94	43.85		
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	39.00
Palomar CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	
Palo Verde CCD	FAM-29C	47.29	41.20	43.03	39.17	63.70	53.57	45.81	39.76	
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Redwoods CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	
Mt. San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94		
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91		
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90		
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80		
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	
Yuba CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88		

* ICR taken from previously filed claims

PRODUCTIVE HOURLY RATE COMPUTATION
1999-2000
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE	
AYON, VIOLET	EXEC. ADM. AIDE	CL	69,307.00	13,609.24	82,916.24	1800	46.06	
BALDWIN, LINDA	DIST DIR PERS OPERATIONS	CL	87,913.00 *	13,021.12	100,934.12	1800	56.07	
BALDOVINO, CORA	EXEC. SEC III	CL/CONFIDENTIAL	44,592.00	12,834.20	57,426.20	1800	31.90	
BARROW, LINDA	PERSONNEL SPEC	CL/CONFIDENTIAL	45,366.12	12,912.72	58,278.84	1800	32.38	
BEELER, RON	DIR. PHYSICAL PLANT	CL	88,741.00 *	13,074.20	101,815.20	1800	56.56	
BEERS, SUSAN	DIVISION DEAN	CE	95,456.00	16,459.55	111,915.55	1800	62.18	
BELOZ, GEORGE	DEAN STDT SUPP SVCS	CE	95,456.00	14,643.27	110,099.27	1800	61.17	7/1-12/31
BOZ, GEORGE	AFFIRMATIVE ACTION OFFICER	CE	89,241.00	13,974.53	103,215.53	1800	57.34	1/1-6/30
BENNETT, BARBARA	INSTRUCTOR	CE	62,922.00	13,573.41	76,495.41	1800	42.50	
BLANCHARD, SHIRLEY	STDT SERV TECH/TRANSFER CENTE	CL	38,436.00	12,995.40	51,431.40	1800	28.57	7/1-3/31
BLANCHARD, SHIRLEY	STDT SERV TECH/TRANSFER CENTE	CL	40,188.00	13,270.63	53,458.63	1800	29.70	4/1-6/30
BOYD-DAILY, NANCY	SECRETARY SENIOR	CL	27,528.00	11,281.75	38,809.75	1800	21.56	7/1-12/31
BOYD-DAILY, NANCY	SECRETARY SENIOR	CL	28,884.00	11,494.78	40,378.78	1800	22.43	1/1-6/30
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	41,792.16	12,184.05	53,976.21	1800	29.99	
BRIGGS, JACK	INTERIM VICE CHANCELLOR		108,324.00	2,718.93	111,042.93	1800	61.69	
BROWN, ALLEN	DIVISION DEAN	CE	95,456.00	16,459.55	111,915.55	1800	62.18	
BRUCE, KAY	DEAN INSTRUCTION	CE	95,456.00	16,459.55	111,915.55	1800	62.18	
BURCHFIELD, JERRY	INSTRUCTOR	CE	64,764.00	9,632.13	74,396.13	1800	41.33	
BURGESS, JULIE	ASST/LEARNING CENTER	CL	38,520.00	9,941.64	48,461.64	1800	26.92	50%FRNG100% HP
BYRNES, NANCY	INSTRUCTOR	CE	76,534.00	13,589.56	90,123.56	1800	50.07	
BURNS, MICHAEL	DIVISION DEAN	CE	93,356.00	16,264.04	109,620.04	1800	60.90	
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID CL	91,866.00 *	14,491.24	106,357.24	1800	59.09	
CAMPELLONE, BONNA	DIVISION DEAN	CE	93,356.00	14,925.44	108,281.44	1800	60.16	
CANT, KAREN	DIRECTOR BUDGET/FINANCE	CL	79,797.00	10,987.90	90,784.90	1800	50.44	
CARRITHERS, JOE	INSTRUCTOR	CE	53,713.00	11,243.92	64,956.92	1800	36.09	7/1-2/28
CARRITHERS, JOE	INSTRUCTOR	CE	54,250.00	11,301.70	65,551.70	1800	36.42	3/1-6/30
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	33,288.00	10,761.14	44,049.14	1800	24.47	
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	34,944.00	11,021.30	45,965.30	1800	25.54	
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	55,198.00	12,380.35	67,578.35	1800	37.54	
EGGERS, GOLDIE	LIBRARIAN	CE	70,290.00	11,976.10	82,266.10	1800	45.70	
ELLIS, JO	DIVISION OFFICE MANAGER	CL	39,680.16	13,190.85	52,871.01	1800	29.37	
ENGBERG, KATHRYN	ADULT ED SUPPORT MANAGER	CL	56,153.00	11,124.93	67,277.93	1800	37.38	
FISHMAN, DARLENE	INSTRUCTOR	CE	70,290.00	12,008.40	82,298.40	1650	49.88	
FRANKS, JOE	DIRECTOR ACADEMIC COMPUTING	CE	64,764.00	13,602.13	78,366.13	1800	43.54	
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFAIRS	CL	66,426.00	11,987.40	78,413.40	1800	43.56	
GIBSON, CARLENE	DEAN ADM & RECORDS	CE	93,356.00	16,264.04	109,620.04	1800	60.90	
GOMBER, LISA	ADM. SEC. II	CL	40,144.08	10,063.33	50,207.41	1800	27.89	
GREIN, CYNDI	INTERIM INSTRUCTIONAL	CL	50,517.00	10,634.03	61,151.03	1800	33.97	
GUYTON, JEAN	MANAGER APPLICATION SUPPORT	CL	90,411.00 *	13,116.12	103,527.12	1800	57.52	

HANNON, ANDREW	DIRECTOR/NURSING/DIR HEALTH SE	CE	13,831.20		15,377.28	99,208.48	1800	55.4	
HARTER, RENII	MANAGER CAMPUS ACCOUNTING	CL	70,509.00		13,713.93	84,222.93	1800	4	
						0.00	1800	0.00	
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	93,356.00	*	14,528.64	107,884.64	1800	59.94	
HAYNES, CYNDI	LEAD PERSONNEL SPECIALIST	CL/CONFIDENTIAL	43,868.16		10,890.99	54,759.15	1800	30.42	
HENRY, DIANE	DIVISION DEAN	CE	93,356.00		16,264.04	109,620.04	1800	60.90	
HERRERA, ALEX	INSTRUCTOR	CE	51,872.00		10,913.53	62,785.53	1800	34.88	
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN RESOUR	CE	119,202.00	**	18,953.71	138,155.71	1800	76.75	
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	36,636.00		12,955.22	49,591.22	1800	27.55	7/1-4/30
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	38,532.00		13,253.08	51,785.08	1800	28.77	5/1-6/30
JACOBS, MICHAEL	DIVISION DEAN	CE	94,156.00		16,338.52	110,494.52	1800	61.39	
JAY, PAULA	ADM. SEC.	CL	37,994.04		12,925.96	50,920.00	1800	28.29	
KADRI, MARY	INSTRUCTION OFFICE ASSISTANT	CL	40,392.00		13,302.68	53,694.68	1800	29.83	
KASLER, MIKE	DEAN INSTRUCTION	CE	95,456.00		17,843.67	113,299.67	1800	62.94	7/1-12/14
KASLER, MIKE	VICE PRESIDENT	CE	105,476.00	**	18,617.02	124,093.02	1800	68.94	12/15-6/30
LEE, PAT	PAYROLL MANAGER	CL	61,650.00		12,942.32	74,592.32	1800	41.44	
LEWIS, MARGORIE	PRESIDENT	CE	119,202.00	**	22,020.74	141,222.74	1800	78.46	
LEWIS, ROD	WELDER	CL	48,840.00		13,112.46	61,952.46	1800	34.42	
MARRS, BARBARA	DIVISION DEAN	CE	93,356.00		14,417.31	107,773.31	1800	59.87	
MCCAFFERTY, LAUREL	DIST MANAGER INSTRUCTION RESO	CL	57,224.00		11,131.31	68,355.31	1800	37.98	
MCGUIRE, GARY	PROVOST	CE	114,220.00		21,201.29	135,421.29	1800	75.23	
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	81,709.00	*	12,897.70	94,606.70	1800	52.56	
MONTANO, DIANE	MANAGER CHILD CARE	CL	53,598.00		10,792.49	64,390.49	1800	35.77	
MORENO, GIL	VICE CHANCELLOR FINANCE/FACILITI	CE	119,202.00	**	22,020.74	141,222.74	1800	78.46	
NEWMYER, JOE	INTERIM VICE CHANCELLOR	CL	90.00		2.26			92.26	PD PER HOUR
NADELL, ROBERT	DEAN COUNSELING	CE	93,356.00		14,925.44	108,281.44	1800	60.16	
NOVISOFF, ANNA	OFFICE MANAGER	CL	38,280.00		12,279.55	50,559.55	1800	28.09	80%FRNG100%HP
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	93,756.00	*	13,167.78	106,923.78	1800	59.40	
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	40,440.00		12,127.32	52,567.32	1800	29.20	7/1-1/31
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	42,468.00		12,445.92	54,913.92	1800	30.51	2/1-6/30
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	94,003.57		17,687.38	111,690.95	1800	62.05	
PHILLIPS, JIM	INSTRUCTOR	CE	76,918.80		15,079.46	91,998.26	1800	51.11	
PASQUALE, DEBBIE	DIST ADMINISTRATOR SUPPORT	CL	59,056.00		12,716.38	71,772.38	1800	39.87	
PORTOLAN, JANET	VICE PRESIDENT	CE	99,599.00		15,506.67	115,105.67	1800	63.95	1/3-6/30
PORTOLAN, JANET	DIVISION DEAN	CE	95,456.00		15,120.95	110,576.95	1800	61.43	7/1-1/2
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	95,456.00	*	14,581.35	110,037.35	1800	61.13	
RAUBOLT, JACK	DIST DIRECTOR INFORMATION SERVI	CL	97,028.00	*	13,282.20	110,310.20	1800	61.28	
RIEDEL, DONNA	EXEC. SEC III	CL/CONFIDENTIAL	55,460.16		14,498.49	69,958.65	1800	38.87	
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE SER	CL	56,781.00		12,518.23	69,299.23	1800	38.50	
SIMPSON, BOB	DIVISION DEAN	CE	82,990.00		13,928.07	96,918.07	1800	53.84	
SPENCER, PAT	VICE PRESIDENT	CE	105,476.00	**	17,246.12	122,722.12	1800	68.18	
SOTO, ABEL	REC-ADM TECHNICIAN	CL	43,015.80		12,267.38	55,283.18	1800	30.71	
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	86,313.00		14,194.34	100,507.34	1800	55.84	
THOMAS, CONNIE	EXEC. SEC III	CL/CONFIDENTIAL	48,224.16		14,775.72	62,999.88	1800	35.00	
TOBLER, HANK	DIVISION DEAN	CE	94,556.00		16,375.76	110,931.76	1800	61.63	
VIERA, MICHAEL	PRESIDENT	CE	119,202.00	**	18,820.34	138,022.34	1800	76.68	
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	89,211.00	*	13,086.00	102,297.00	1800	56.83	
WILSON, MARCUS	DIVISION DEAN	CE	95,456.00		16,429.67	111,885.67	1800	62.16	
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	CL	83,800.00	*	12,950.18	96,750.18	1800	53.75	

ZANDY, BEN	INSTRUCTOR	CE	73,975.00		13,690.07	87,665.07	1800	48.70
WILLIAMS, FRE	DISTRICT DIRECTOR FISCAL AFFAIRS	CL	37,113.00	*	13,001.04	100,114.04	1800	51

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$72600 (1/1/99)
Wage Base \$76200 (1/1/00)
Used average of \$74400
If Annual Salary of employee covered by Social Security over \$74,400-Multiply 6.2% times excess
and deducted this amount from total benefits

SixTen and Associates

Mandate Reimbursement Services

TH B. PETERSEN, MPA, JD, President
5202 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

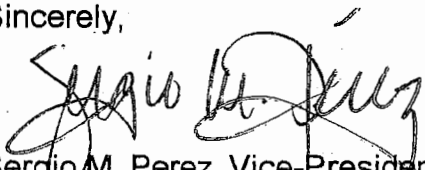
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed ___/___/___	
	(21) LRS Input ___/___/___	

(01) Claimant Identification Number: CC30105		Reimbursement Claim Data	
(02) Claimant Name: North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f)	
(03) County of Location: Orange		(23) EFCW-1, (04)(A)(1)(b)(f)	
(04) Street Address or P.O. Box: 1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f)	770,019
(05) City: Anaheim	(06) State: CA	(07) Zip Code: 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)
Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	253
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)
			150,225
			(29) EFCW-1, (04)(B)(2)(c)(f)
			2,279
(30) Fiscal Year of cost	(06) 2000-2001	(12)	(30) EFCW-1, (06)
(31) Total Claimed Amount	(07) \$ 1,075,496	(13)	(31) EFCW-1, (07)
(32) Less: 10% Late Penalty	(14) \$ -	(14)	(32) EFCW-1, (09)
(33) Less: Prior Claim Payment Received	(15) \$ -	(15)	(33) EFCW-1, (10)
(34) Net Claimed Amount	(16) \$ 1,075,496	(16)	(34)
(35) Due from State	(08) \$ 1,075,496	(17)	(35)
(36) Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)	Date
	7/27/06
Claudette Dain	District Director, Fiscal Affairs
Type or Print Name	Title
(38) Name of Contact Person for Claim	
SixTen and Associates	Telephone Number: (858) 514-8605
	E-mail Address: kbpsixten@aol.com

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS			For State Controller Use Only	Program 267
			(19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	
(01) Claimant Identification Number: CC30105			Reimbursement Claim Data	
(02) Claimant Name North Orange County Community College District			(22) EFCW-1, (04)(A)(1)(a)(f)	
County of Location Orange			(23) EFCW-1, (04)(A)(1)(b)(f)	
Street Address or P.O. Box 1830 W. Romneya Drive			(24) EFCW-1, (04)(A)(2)(a)(f) 770,019	
City Anaheim State CA Zip Code 92801-1819			(25) EFCW-1, (04)(B)(1)(a)(f)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f) 253	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f) 150,225	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f) 2,279	
Fiscal Year of cost	(06)	(12) 2000-2001	(30) EFCW-1, (06) 38	
Total Claimed Amount	(07)	(13) \$ 1,075,496	(31) EFCW-1, (07) 350,655	
Less : 10% Late Penalty		(14) \$	(32) EFCW-1, (09) 45,177	
Less : Prior Claim Payment Received		(15) \$	(33) EFCW-1, (10) 152,757	
Net Claimed Amount		(16) \$ 1,075,496	(34)	
Due from State	(08)	(17) \$ 1,075,496	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer (USE BLUE INK) 			Date 7/27/06	
Claudette Dain			District Director, Fiscal Affairs	
Type or Print Name			Title	
(38) Name of Contact Person for Claim				
SixTen and Associates			Telephone Number: (858) 514-8605	
			E-mail Address: kbsixten@aol.com	

Program 67	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2000-2001
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a.	Preparing district policies & procedures for § IV.A.	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Staff training (One time per employee)	\$ -	\$ -	\$ -	\$ -	\$ -

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a.	Calculating and collecting enrollment fees	\$ 770,018.50	\$ -	\$ -	\$ -	\$ 770,018.50

B. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a.	Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Staff training (One time per employee)	\$ 253.20	\$ -	\$ -	\$ -	\$ 253.20

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a.	Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Waiving student fees	\$ 150,225.40	\$ -	\$ -	\$ -	\$ 150,225.40
c.	Reporting BOG fee waiver data to CCC	\$ 2,278.80	\$ -	\$ -	\$ -	\$ 2,278.80
(05) Total Direct Costs		\$ 922,775.90	\$ -	\$ -	\$ -	\$ 922,775.90

Indirect Costs						
(06)	Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]				38.00%
(07)	Total Indirect Costs	[Line (06) x line (05)(a)]				\$ 350,654.84
(08)	Total Direct and Indirect Costs	[Line (05)(f) + line (07)]				\$ 1,273,430.74

Cost Reduction						
(09)	Less: Enrollment Fee Revenue offset					\$ 45,177.00
(10)	Enrollment Fee Waiver offsets					\$ 152,757.40
(11)	Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]				\$ 1,075,496.34

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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1) Claimant Orange County Community College District	(02) Fiscal Year 2000-2001
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various staff | Collecting fees	\$24.19	8,000.4	\$ 193,529.68				
Calculating total enrollment fee to be collected Various staff | Collecting fees	\$24.19	6,793.9	\$ 164,344.44				
Answering student's questions regarding enrollment fee collection Various staff | Collecting fees	\$24.19	8,593.0	\$ 207,864.67				
Maintaining written and computer records for enrollment fee information Various staff Collecting fees	\$24.19	8,444.8	\$ 204,279.71				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 770,018.50	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant h Orange County Community College District	(02) Fiscal Year 2000-2001
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$31.65	8.0	\$ 253.20				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 253.20	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2000-2001
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input checked="" type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses				Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Various staff II Waiving enrollment fees	\$23.45	980.2	\$ 22,985.69				
Receiving waiver applications Various staff II Waiving enrollment fees	\$23.45	1,470.3	\$ 34,478.54				
Evaluating waiver applications and verifying application documents Various staff II Waiving enrollment fees	\$23.45	1,767.8	\$ 41,454.91				
Entering approved application information into district records; providing student award letter Various staff II Waiving enrollment fees	\$23.45	2,187.9	\$ 51,306.26				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 150,225.40	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant In Orange County Community College District	(02) Fiscal Year 2000-2001
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$31.65	72.0	\$ 2,278.80				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 2,278.80	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT COLLECTIONS/WAIVERS
 2000-2001
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
00-01	8.00	Larson, Nancy	Coordinator	\$31.65	\$253.20	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
00-01	72.00	Larson, Nancy	Coordinator	\$31.65	\$2,278.80	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$2,532.00		
00-01	8,000.40	Various staff I	Collecting fees	\$24.19	\$193,529.68	Referencing student accounts and records	Calculating and collecting enrollment fees
00-01	6,793.90	Various staff I	Collecting fees	\$24.19	\$164,344.44	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
00-01	8,593.00	Various staff I	Collecting fees	\$24.19	\$207,864.67	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
00-01	8,444.80	Various staff I	Collecting fees	\$24.19	\$204,279.71	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
	31,832.10	Various staff I Total			\$770,018.50		
00-01	980.20	Various staff II	Waiving enrollment fees	\$23.45	\$22,985.69	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
00-01	1,470.30	Various staff II	Waiving enrollment fees	\$23.45	\$34,478.54	Receiving waiver applications	Waiving student fees
00-01	1,767.80	Various staff II	Waiving enrollment fees	\$23.45	\$41,454.91	Evaluating waiver applications and verifying application documents	Waiving student fees
00-01	2,187.90	Various staff II	Waiving enrollment fees	\$23.45	\$51,306.26	Entering approved application information into district records; providing student award letter	Waiving student fees
	6,406.20	Various staff II Total			\$150,225.40		
	38,318.30	Grand Total			\$922,775.90		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: June 9, 1998

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preced:
Agreement was dated
March 30, 1987

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)					
TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/97	06/30/02	38.0	On-Campus	All Programs
PROV.	07/01/02	06/30/04	38.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.6B

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

Original Fax

JUL 20 2006

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

Telephone #

12mo/11mo/10mo/hrly
Work year length

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: 8 8 8 8 8 8 8

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.

72 72 72 72 72 72 72

TOTALS: 80 80 80 80 80 80 80

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 [Signature]

Date 7/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2000-2001
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.

Source: Schedules 2 and 4.

Findings:

*EFC 1	88,893
Avg. time p/account	5.4
Total Time (in minutes)	<u>480022</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>8000.4</u>
*EFC 2	78,391
Avg. time p/student	5.2
Total Time (in minutes)	<u>407633</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>6793.9</u>
*EFC 1	88,893
Avg. time p/question	5.8
Total Time (in minutes)	<u>515579</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>8593.0</u>
*EFC 1	88,893
Avg. time p/file	5.7
Total Time (in minutes)	<u>506690</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>8444.8</u>
*EFC 4	Client not able to provide. Pre-Banner Term.
Avg. time p/account	<u>5.5</u>
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 15)	<u>0.0</u>
*EFC 5	Client not able to provide. Pre-Banner Term.
Avg. time p/student	<u>5.4</u>
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 16)	<u>0.0</u>

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2000-2001
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	10,502
Avg. time p/question	5.6
Total Time (in minutes)	58811
Per Hour	60
Hours Worked (** Activity 21)	980.2
*EFW 6	10,502
Avg. time p/application	8.4
Total Time (in minutes)	88217
Per Hour	60
Hours Worked (** Activity 22)	1470.3
*EFW 6	10,502
Avg. time p/evaluation	10.1
Total Time (in minutes)	106070
Per Hour	60
Hours Worked (** Activity 23)	1767.8
*EFW 8	Client not able to provide. Pre-Banner Term.
Avg. time p/application	9.9
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 24)	0.0
*EFW 7	10,502
Avg. time p/application	12.5
Total Time (in minutes)	131275
Per Hour	60
Hours Worked (** Activity 25)	2187.9
*EFW 8	Client not able to provide. Pre-Banner Term.
Avg. time p/application	14.3
Total Time (in minutes)	
Per Hour	60
Hours Worked (** Activity 26)	0.0

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 PHR-Average
 Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Cartler, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antonese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Fillipi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoaka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Renle	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.61
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.85	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant 1				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meineri, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amelia	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushla, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandl	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushla, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.

22 - Receive 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.

23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.

24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.

25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.

26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1999-00 through 2004-05
PHR-Average
Various Staff - Waiving enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-Financial Aid Technician								
Alcaraz, Jose	FC-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Staff Support				\$7.75	\$9.00		\$9.00	\$10.00
Bustos, Raymond	FC-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Caro, Barbara	FC-A&R-Admissions Technician	\$26.28	\$27.98	\$30.57	\$30.56	\$33.51	\$33.02	\$35.50	\$34.71
Cobb, Keith	CC-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dillon, Andrew	FC-A&R-Hourly Staff Support							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Lam, Tina	FC-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Transcript Clerk						\$7.75	\$8.25	\$9.00
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Oropeza, Elaine	FC-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Reza, Alan	CC-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Salcedo, Daniel	FC-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Tran, Kimberly	CC-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Tushla, Nicol	FC-A&R-Evaluator	\$13.40	\$18.74	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$17.73	\$20.13	\$23.45	\$24.48	\$24.36	\$24.94	\$24.17	\$25.11

Conclusion: Findings go forward to EFCW-2.

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.
 Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

- EFC 1 - Total number of students who enroll in the college
- EFC 2 - Total number of students who paid enrollment fees
- EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load
- EFW 6 - Total number of enrollment fee waivers requested
- EFW 7 - Total number of enrollment fee waivers granted
- EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCA

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (d Mandate Coordinator)

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

*Copy - original in
04-05 resources
-SSA*

EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vas* Date: 7/18/06
Employee Name: (print) Kashmita Vas Position or Title: Accounting Specialist

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

EFCW 1.8-3

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date 7/18/06
Employee Name: (print) Keshmida Vyas Position or Title Accounting Specialist

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Copy-original in 04-05 resources -SAB

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SGA

99-00 Total = 80,935 - SGA

00-01 Total = 88,893 - SGA

01-02 Total = 88,897 - SGA

02-03 Total = 83,317 - SGA

03-04 Total = 76,868 - SGA

04-05 Total = 78,803

verified - see CCCO report directly below - SGA

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SGA

99-00 Total = 71,133 - SGA

00-01 Total = 78,341 - SGA

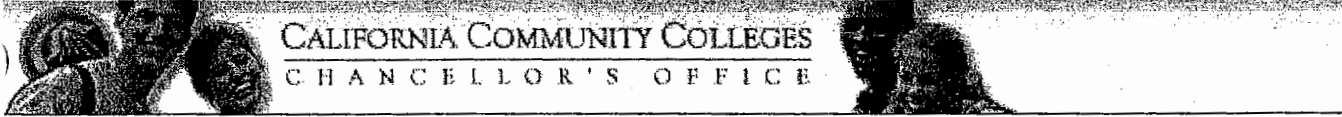
01-02 Total = 78,141 - SGA

02-03 Total = 71,431 - SGA

03-04 Total = 64,723 - SGA

04-05 Total = 64,582 - SGA

verified client calculated #1 - #3 correctly - SGA



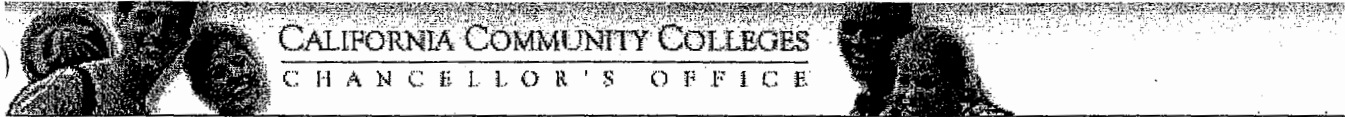
Student Demographics

**Student Total Headcount For Cypress
For 2000 Fall Semester**

Data Current As Of July 12, 2006 10:18:38

Total Headcount	14,988
------------------------	--------

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Student Demographics

**Student Total Headcount For Cypress
For 2001 Spring Semester**

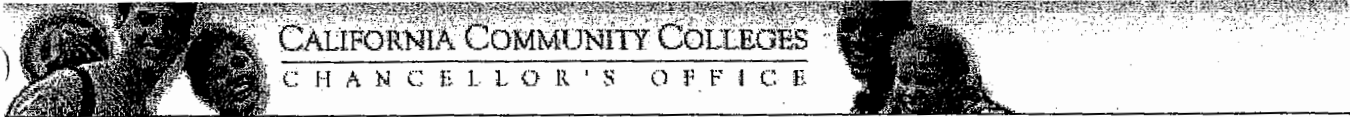
Data Current As Of July 12, 2006 10:18:50

Total Headcount	15,416
------------------------	---------------

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Student Demographics

**Student Total Headcount For Cypress
For 2001 Summer Term**

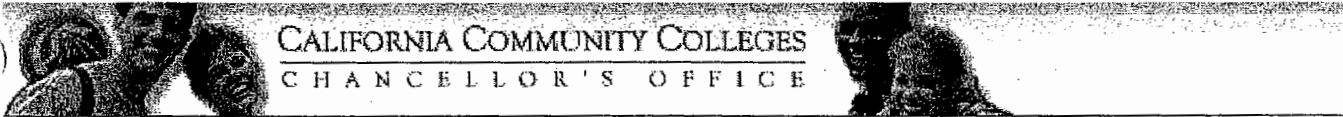
Data Current As Of July 12, 2006 10:19:03

Total Headcount	5,367
------------------------	-------

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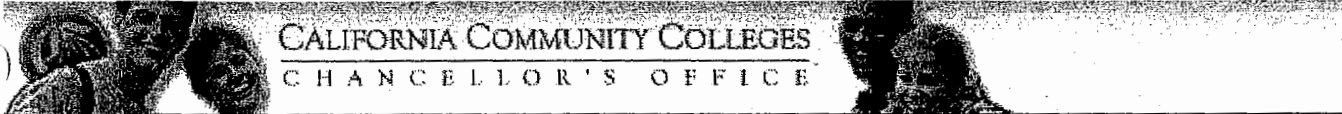
Student Demographics

Student Total Headcount For Fullerton For 2000 Fall Semester

Data Current As Of July 12, 2006 10:31:58

Total Headcount	20,287
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2001 Spring Semester**

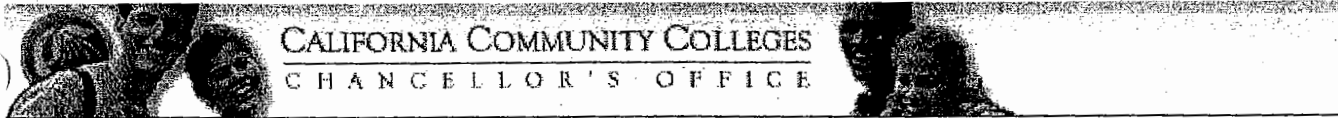
Data Current As Of July 12, 2006 10:32:12

Total Headcount	21,058
------------------------	---------------

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Student Demographics

**Student Total Headcount For Fullerton
For 2001 Summer Term**

Data Current As Of July 12, 2006 10:32:26

Total Headcount	11,777
------------------------	---------------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals
 Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

verified these #'s
 are same as BOGG waivers
 per CCCO website - ~~sent~~

See following
 2 pages - ~~sent~~

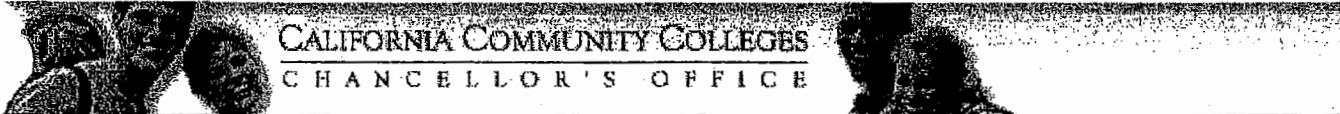
98-99 - Total - 9,936 - ~~sent~~
 99-00 - Total - 9,802 - ~~sent~~
 00-01 - Total - 10,502 - ~~sent~~
 01-02 - Total - 10,756 - ~~sent~~
 02-03 - Total - 11,886 - ~~sent~~
 03-04 - Total - 12,145 - ~~sent~~
 04-05 - Total - 14,221 - ~~sent~~

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
 Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton	
Fall 1998			Pre-Banner Term
Spring 1999			Pre-Banner Term
Summer 1999			Pre-Banner Term
Fall 1999			Pre-Banner Term
Spring 2000			Pre-Banner Term
Summer 2000			Pre-Banner Term
Fall 2000			Pre-Banner Term
Spring 2001			Pre-Banner Term
Summer 2001			Pre-Banner Term
Fall 2001	3	4	
Spring 2002	7	6	Total 47 - sent
Summer 2002	22	5	
Fall 2002	163	8	
Spring 2003	34	11	Total 262 - sent
Summer 2003	38	8	
Fall 2003	200	64	
Spring 2004	18	12	Total 377 - sent
Summer 2004	70	13	
Fall 2004	168	72	
Spring 2005	66	57	Total 402 - sent
Summer 2005	5	34	

— Broke Down into FY's the way
 client did on Page 1 of 6 for 1. Total
 Number of Students Enrolled in College
 - ~~sent~~



Student Financial Aid Awards

Cypress College Financial Aid Count and Amount By type For 2000-2001

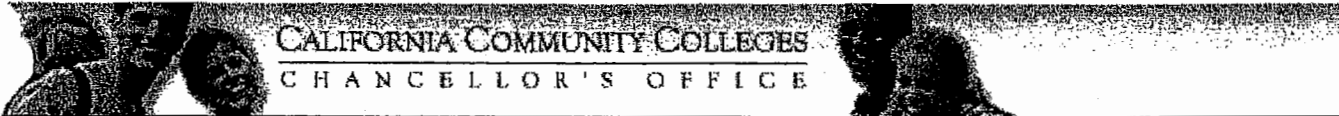
Data Current As Of July 12, 2006 11:18:56

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-4 based on Veteran's or National Guard dependent status	4	561
BOGW - Part A basis unreported	199	33,918
BOGW - Part B based on income standards	2,907	498,244
BOGW - Part C based on financial need	2,854	986,835

Total Unduplicated Count = 4,902
Total Amount = \$ 1,519,558

[Back to Top of Page](#)



Student Financial Aid Awards

Fullerton College Financial Aid Count and Amount By type For 2000-2001

Data Current As Of July 12, 2006 11:20:55

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	8	1,242
BOGW - Part A-2 based on SSI recipient status	18	3,347
BOGW - Part A-3 based on general assistance recipient status	1	308
BOGW - Part A-4 based on Veteran's or National Guard dependent status	16	1,969
BOGW - Part A basis unreported	98	14,147
BOGW - Part B based on Income standards	3,480	635,604
BOGW - Part C based on financial need	2,906	1,000,815

Total Unduplicated Count = 5,600

Total Amount = \$ 1,657,432

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver

Eligibility

JixTen Form: EFCW 1.8-2, #2. NOTE: Only have District Totals

Source: Banner

Term	Cypress & Fullerton Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into Fy's the way client did on pg. 1 of 6 for 1- Total Number of Students Enrolled in College - SAs

98-99
99-00
00-01
Total = 3,599 ^{SAs} 01-02
Total = 4,298 ^{SAs} 02-03
Total = 4,402 ^{SAs} 03-04
Total = 4,260 ^{SAs} 04-05

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund #s are overstated - see page 6 of 6 - Scott

Term	Cypress	Fullerton	
Fall 1998	-	-	Pre-Banner Term
Spring 1999	-	-	Pre-Banner Term
Summer 1999	-	-	Pre-Banner Term
Fall 1999	-	-	Pre-Banner Term
Spring 2000	-	-	Pre-Banner Term
Summer 2000	-	-	Pre-Banner Term
Fall 2000	-	-	Pre-Banner Term
Spring 2001	-	-	Pre-Banner Term
Summer 2001	-	-	Pre-Banner Term
Fall 2001	26	6,748	
Spring 2002	18	6,043	
Summer 2002	4	2,425	
Fall 2002	25	7,304	
Spring 2003	2	7,524	
Summer 2003	1	2,307	
Fall 2003	8	6,851	
Spring 2004	7	6,233	
Summer 2004	64	2,204	
Fall 2004	2,658	4,318	
Spring 2005	2,304	4,042	
Summer 2005	880	1,470	

98-99 - Broke Down into FYs the way Client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - Scott

99-00

00-01

01-02

02-03

03-04

04-05

Not used - Revised #s emailed to GLO on 7-13-06 - Scott see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton	
1998-99	4,666	5,270	*: Pre-banner Year, so used same number as #3
1999-00	4,777	5,025	*: Pre-banner Year, so used same number as #3
2000-01	4,902	5,600	*: Pre-banner Year, so used same number as #3
2001-02	8,993	9,839	- Total 01-02 - 18,832 - Scott
2002-03	8,205	9,478	- Total 02-03 - 17,683 - Scott
2003-04	10,475	10,287	- Total 03-04 - 20,762 - Scott
2004-05	10,259	11,799	- Total 04-05 - 22,058 - Scott

verified these #s are same as BOA's waivers per ccc website - Scott

see cccc report directly after pg 2 of 6 above - Scott

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton	
1998-99	4,666	5,270	*: Pre-banner Year, so used same number as #3
1999-00	4,777	5,025	*: Pre-banner Year, so used same number as #3
2000-01	4,902	5,600	*: Pre-banner Year, so used same number as #3
2001-02	8,507	9,507	Total 01-02 - 18,014 - Scott
2002-03	7,851	8,934	Total 02-03 - 16,785 - Scott
2003-04	9,132	9,407	Total 03-04 - 18,539 - Scott
2004-05	9,764	11,042	Total 04-05 - 20,806 - Scott

Also see comparison that directly below - Scott

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Summer													Fall 04	Summer 04
Fall													Spring 05	Fall 04
Spring													Summer 05	Spring 05
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Client used CCCC website data for these #'s. Other clients data that was provided was usually lower than this #. P/Sergio - at this late date go w/ the data supplied by client

This is the w/ client has FY data broken-out - This is the w/ CCCC website has FY data broken out

2. EFCW 1.8-3 - Ques. # 2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	

Client used CCCC #'s Client used CCCC #'s Clients #'s higher Clients #'s higher Clients #'s higher Clients #'s higher

Normally we ask client - why higher? - but at this late date Sergio said to go w/ clients #'s

3. EFCW 1.8-4 - Ques. # 4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	

Client used CCCC #'s Client used CCCC #'s Client used CCCC #'s Client used CCCC #'s Client used CCCC #'s Client used CCCC #'s

These #'s good client used CCCC website #'s - & we have usually gone w/ CCCC #'s over client #'s

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	-
2002-03	354	-
2003-04	1,343	-
2004-05	495	-

332 Total 01-02 = 818 - SEA } = Sch. 4
 544 Total 02-03 = 898 - SEA } EFW 8
 880 Total 03-04 = 2,223 - SEA
 757 Total 04-05 = 1,252 - SEA

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

Schedule D
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.8-4 and attachments from district office.
 Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156

This data is for comparison with CCCC 2% calculation directly below *sch. 5A - same*

1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192

(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 04-05 - unit fee				
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382
	Fall Spring			98,476	95,586	96,382	110,925
	Winter/Interssion						
	Spring Summer			15,952	13,488	17,086	18,034
	Total # of credits		288,818	204,603	207,735	208,683	239,341
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800

Summary

1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717					
1.8-4 5	Credit Units Waived		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992

Schedule 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-2000 to 2004-2005
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.
 Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5
 Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96	
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92	
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64	
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52	
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00	
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)	
Offset Amount to Claim			To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52

Conclusion: If line 8 is negative, then line 6 - "Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7 - "Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2000-01 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

DISTRICT: North Orange County
COUNTY: ORANGE

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2001	JUNE PAYMENT	TOTAL PAID THRU JUNE 2001
GENERAL APPORTIONMENT	\$38,196,502	\$36,509,337	\$1,687,165	\$38,196,502
ENROLL FEE ADMIN (2%)	45,177	41,562	3,615	45,177
APPRENTICE ALLOWANCE	208,013	195,651	12,362	208,013
BASIC SKILLS	0	0	0	0
TANF	243,943	224,426	19,517	243,943
PARTNERSHIP FOR EXCEL	9,290,321	8,547,096	743,225	9,290,321
S. F. A. A.	150,536	138,493	12,043	150,536
E. O. P. S.	1,652,815	1,520,589	132,226	1,652,815
C. A. R. E.	206,595	190,069	16,526	206,595
D. S. P. S.	1,618,261	1,488,800	129,461	1,618,261
STATE HOSPITALS	0	0	0	0
CALWORKS	985,154	906,341	78,813	985,154
MATRICULATION (CREDIT)	1,375,554	1,265,509	110,045	1,375,554
MATRIC. (NONCREDIT)	915,413	842,180	73,233	915,413
FAC. & STAFF DIVERSITY	33,644	30,954	2,690	33,644
PART-TIME FACULTY INS.	0	0	0	0
PART-TIME FACULTY OFFI	0	0	0	0
F. & STAFF DEVELOP.	158,380	145,708	12,672	158,380
TRANSFER ED AND ARTICU	34,258	0	34,258	34,258
TELECOMMUNICATIONS	694,293	623,312	70,981	694,293
ECONOMIC DEVELOPMENT	1,191,321	1,000,711	-1	1,000,710
INST. EQUIP.-(ONGOING)	1,383,272	1,383,272	0	1,383,272
VATEA LEADERSHIP	0	0	0	0
VATEA TECH. PREP.	127,800	95,424	11,928	107,352
VATEA TITLE II C	522,808	439,160	-1	439,159
WORKFORCE DEVELOPMENT	252,000	0	252,000	252,000
BLOCK GRANT	3,143,801	3,143,801	0	3,143,801
PRIOR YEAR CORRECTIONS	1,027,229	981,690	45,539	1,027,229
TOTAL	\$63,457,090	\$59,714,085	\$3,448,297	\$63,162,382

FISCAL SERVICES: 06/25/01: TT
H:\EXHIBIT\EXA0001P2. DOC

EFCW 1.8-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: Wood Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$						
5 Number of credit units for which enrollment fees were waived.								
Summer								
Fall								
Winter/Intersession								
Spring								
TOTAL x \$0.91 per credit								

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: *K. Vyas*
 Employee Name: (print) Kashmita Vyas

Date: 7/18/06
 Position or Title: 7/18/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,866,642	3,260,641	
2002-03	1,798,244	3,317,202	
2003-04	2,655,240	4,923,768	
2004-05	3,877,667	6,847,842	

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton	
1998-99			Pre-Banner Year
1999-00			Pre-Banner Year
2000-01			Pre-Banner Year
2001-02	3,129	913,539	
2002-03	67	1,052,867	
2003-04	5,225	1,437,645	
2004-05	737,447	1,303,313	

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - <i>SWA</i>
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - <i>SWA</i>
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - <i>SWA</i>
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - <i>SWA</i>

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	88-99 Total 3,366,725 - <i>SWA</i>
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - <i>SWA</i>
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - <i>SWA</i>
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - <i>SWA</i>
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - <i>SWA</i>
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - <i>SWA</i>
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - <i>SWA</i>

-Some as CCCO report - see following 2 pages - SWA

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Wednes



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE



Student Financial Aid Awards

Cypress College Financial Aid Count and Amount By type For 2000-2001

Data Current As Of July 12, 2006 11:18:56

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-4 based on Veteran's or National Guard dependent status	4	561
BOGW - Part A basis unreported	199	33,918
BOGW - Part B based on income standards	2,907	498,244
BOGW - Part C based on financial need	2,854	986,835

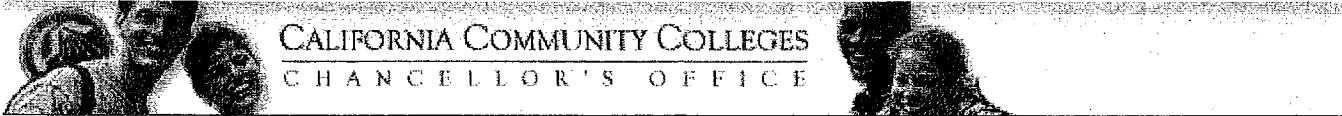
Total Unduplicated Count = 4,902
Total Amount = \$ 1,519,558

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Student Financial Aid Awards

Fullerton College Financial Aid Count and Amount By type For 2000-2001

Data Current As Of July 12, 2006 11:20:55

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	8	1,242
BOGW - Part A-2 based on SSI recipient status	18	3,347
BOGW - Part A-3 based on general assistance recipient status	1	308
BOGW - Part A-4 based on Veteran's or National Guard dependent status	16	1,969
BOGW - Part A basis unreported	98	14,147
BOGW - Part B based on income standards	3,480	635,604
BOGW - Part C based on financial need	2,906	1,000,815

Total Unduplicated Count = 5,600
Total Amount = \$ 1,657,432

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year Cypress Fullerton

8-99	Fall 1998			Not Applicable for this Term per SixTen Form
	Spring 1999			Not Applicable for this Term per SixTen Form
	Summer 1999			Not Applicable for this Term per SixTen Form
	Fall 1999			Not Applicable for this Term per SixTen Form
7-00	Spring 2000			Not Applicable for this Term per SixTen Form
	Summer 2000			Not Applicable for this Term per SixTen Form
	Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
	Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
	Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
				For this year, Annual amount calculated as Annual
00-01	2000/01 Year	138,142	150,676	amount from #12 above / \$11.00 per unit for this year.
	Fall 2001	42,259	47,916	
	Spring 2002	45,262	53,214	01-02 Total = 204,603 - 825
	Summer 2002	6,949	9,003	
	Fall 2002	45,508	53,153	
02-03	Spring 2003	43,929	51,657	02-03 Total = 207,735 - 825
	Summer 2003	5,533	7,955	
	Fall 2003	45,883	49,332	
03-04	Spring 2004	45,390	50,992	03-04 Total = 208,683 - 825
	Summer 2004	7,140	9,946	
	Fall 2004	49,772	60,610	
04-05	Spring 2005	49,619	61,306	04-05 Total = 239,341 - 825
	Summer 2005	7,011	11,023	

00-01 Total 288,818
- 825

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11		
Chabot CCD	FAM-29C	34.57	38.76	39.36	42.24	39.41	35.87	34.89	34.69	
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58		
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
College of the Sequoias CCD	FAM-29C	48.43	45.68	41.58	38.40	31.24	29.83	31.91	35.36	
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22		
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Hartnell CCD	FAM-29C	52.81	49.16	46.72	42.33	35.08	34.74	36.34		
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89		
Los Rios CCD	FED rate								30.0	30.0
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33		
Maritime CCD	FAM-29C					34.91	38.94	43.85		
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	39.00
Palomar CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	
Palo Verde CCD	FAM-29C	47.29	41.20	43.03	39.17	63.70	53.57	45.81	39.76	
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Redwoods CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	
Mt. San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94		
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91		
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90		
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80		
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	
White CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88		

* ICR taken from previously filed claims

**PRODUCTIVE HOURLY RATE COMPUTATION
2000-2001
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/ CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
ALONZO, ROSE	ACCOUNTING TECHNICIAN	CL	36,924.00	11,690.73	48,614.73	1800	27.01
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	76,981.00	15,789.15	92,770.15	1800	51.54
AYON, VIOLET	EXEC. ADM. AIDE	CL	73,191.00	14,044.21	87,235.21	1800	48.46
BALDWIN, LINDA	DIST DIR PERS OPERATIONS	CL	96,456.00 *	13,715.23	110,171.23	1800	61.21
BALDOVINO, CORA	EXEC. SEC III	CL/CONFIDENTIAL	49,476.00	13,894.57	63,370.57	1800	35.21
BARROW, LINDA	PERSONNEL SPEC	CL/CONFIDENTIAL	50,264.16	14,060.21	64,324.37	1800	35.74
BEELE, RON	DIST DIR-FACILITY	CL	93,682.00 *	13,699.59	107,381.59	1800	59.66
BEERS, SUSAN	DIVISION DEAN	CE	100,749.00	17,060.03	117,809.03	1800	65.45
BELOZ, GEORGE	DIR CAMPUS DIVERSITY	CE	94,182.00	14,543.86	108,725.86	1800	60.40
BENNETT, BARBARA	INSTRUCTOR	CE	66,490.00	14,656.12	81,146.12	1800	45.08
BETTENDORF, PAM	OFFICE MANAGER	CL	42,026.04	12,494.30	54,520.34	1800	30.29
BOYD-DAILY, NANCY	SECRETARY SENIOR	CL	32,040.00	12,677.20	44,717.20	1800	24.84
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	44,084.16	12,818.46	56,902.62	1800	31.61
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	45,128.16	12,982.89	58,111.05	1800	32.28
BROWN, ALLEN	DIVISION DEAN	CE	100,749.00	17,631.83	118,380.83	1800	65.77
BRUCE, KAY	DEAN INSTRUCTION	CE	100,749.00	17,631.83	118,380.83	1800	65.77
BURCHFIELD, JERRY	INSTRUCTOR	CE	70,384.00	12,209.80	82,593.80	1800	45.89
BURGESS, JULIE	ASST/LEARNING CENTER	CL	21,501.96	7,516.11	29,018.07	1800	16.12
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	105,127.00	17,892.22	123,019.22	1800	68.34
BURNS, MICHAEL	DIVISION DEAN	CE	98,649.00	17,435.48	116,084.48	1800	64.49
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID CL	100,749.00 *	15,635.50	116,384.50	1800	64.66
CAMPELLONE, BONNA	DIVISION DEAN	CE	98,649.00	15,679.78	114,328.78	1800	63.52
CANT, KAREN	DIRECTOR BUDGET/FINANCE	CL	84,321.00	11,376.99	95,697.99	1800	53.17
CARRITHERS, JOE	INSTRUCTOR	CE	58,705.00	12,059.64	70,764.64	1800	39.31
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	38,772.00	11,973.89	50,745.89	1800	28.19
DOOLEY, GEORGE	DIRECTOR ECONOMIC DEVELOPMEN	CE	98,649.00	15,679.78	114,328.78	1800	63.52
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	58,237.00	13,307.54	71,544.54	1800	39.75
EGGERS, GOLDIE	LIBRARIAN	CE	74,275.00	12,664.21	86,939.21	1800	48.30
FLEEMAN, RODNEY	V CHANCELLOR FINANCE/FACILITY	CE	122,625.00	21,321.60			
FOY, TAMI	DIST MANG INST RSRCS	CL	55,908.00	11,348.05	67,256.05	1800	37.36
FISHMAN, DARLENE	INSTRUCTOR	CE	76,223.00	12,844.31	89,067.31	1650	53.98

7/1-11/5
11/6-6/30

50%FRNG100%

FRANKS, JOE	DIRECTOR ACADEMIC COMPUTING	CE	68,436.00		14,610.57	83,046.57	1800	46.14
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFAIRS	CL	72,957.00		12,784.74	85,741.74	1800	47.63
GOMBER, LISA	ADM. SEC. II	CL	44,622.12		10,819.28	55,441.40	1800	30.80
GUYTON, JEAN	MANAGER APPLICATION SUPPORT	CL	95,469.00	*	13,745.16	109,214.16	1800	60.67
HANNON, ANDREA	DIRECTOR/NURSING/DIR HEALTH SE	CE	82,141.42		15,892.02	98,033.44	1800	54.46
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	CL	74,416.00		14,084.00	88,500.00	1800	49.17
HEBSON CHRIS	COMPUTING ANALYST	CL	61,840.08		17,370.71	79,210.79	1800	44.01
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	98,649.00	*	15,581.95	114,230.95	1800	63.46
HAYNES, CYNDI	LEAD PERSONNEL SPECIALIST	CL/CONFIDENTIAL	48,404.16		11,696.96	60,101.12	1800	33.39
HENRY, DIANE	DIVISION DEAN	CE	98,649.00		17,435.48	116,084.48	1800	64.49
HERRERA, ALEX	INSTRUCTOR	CE	56,759.00		11,794.37	68,553.37	1800	38.09
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN RESOUR	CE	122,625.00	**	19,543.54	142,168.54	1800	78.98
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	40,716.00		14,325.67	55,041.67	1800	30.58
HUMPRES, PAT								
JACOBS, MICHAEL	DIVISION DEAN	CE	99,449.00		17,510.28	116,959.28	1800	64.98
JAY, PAULA	ADM. SEC.	CL	42,376.08		14,305.13	56,681.21	1800	31.49
KADRI, MARY	INSTRUCTION OFFICE ASSISTANT	CL	43,034.04		14,408.76	57,442.80	1800	31.91
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	CE	107,311.00	**	19,496.59	126,807.59	1800	70.45
LEE, PAT	PAYROLL MANAGER	CL	65,523.00		13,945.06	79,468.06	1800	44.15
LEPIRE, DENISE	ADMINISTRATIVE SEC II	CL/CONFIDENTIAL	42,412.08		14,592.80	57,004.88	1800	31.67
LEWIS, MARGORIE	PRESIDENT	CE	122,625.00	**	23,077.30	145,702.30	1800	80.95
LUSCH, ROD	WELDER	CL	53,856.00		14,075.52	67,931.52	1800	37.74
MARRS, BARBARA	DIVISION DEAN	CE	98,649.00		15,026.29	113,675.29	1800	63.15
MCGUIRE, GARY	PROVOST	CE	117,150.00	**	22,202.62	139,352.62	1800	77.42
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	79,710.00	*	13,343.31	93,053.31	1800	51.70
MONTANO, DIANE	MANAGER CHILD CARE	CL	53,097.18		10,913.90	64,011.08	1800	35.56
MOORE, MIKE	INSTRUCTOR	CE	70,384.00		15,076.67	85,460.67	1800	47.48
NADELL, ROBERT	DEAN COUNSELING/STUDENT DEV	CE	98,649.00		15,679.78	114,328.78	1800	63.52
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHNL	CE	96,369.00		18,619.65	114,988.65	1800	63.88
NOVISOFF, ANNA	OFFICE MANAGER	CL	40,452.00		11,630.53	52,082.53	1800	28.93
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	99,049.00	*	13,781.35	112,830.35	1800	62.68
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	47,124.00		13,423.53	60,547.53	1800	33.64
PEREZ, JENNIFER	ADMINISTRATOR ASSISTANT/PUBLIC	CL	43,383.00		12,007.81	55,390.81	1800	30.77
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	98,649.00		18,925.08	117,574.08	1800	65.32
PHILLIPS, JIM	INSTRUCTOR	CE	80,876.00		16,209.81	97,085.81	1800	53.94
PASQUALE, DEBBIE	DIST ADMINISTRATOR SUPPORT	CL	62,282.00		13,661.48	75,943.48	1800	42.19
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	CE	105,127.00		16,285.47	121,412.47	1800	67.45
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	100,749.00	*	15,635.50	116,384.50	1800	64.66
RAUBOLT, JACK	DIST DIRECTOR INFORMATION SERVI	CL	102,439.00	*	13,922.89	116,361.89	1800	64.65

80%FRNG100%

SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE SER	CL	60,000.00		13,461.80	73,461.80	1800	40.81
SIMPSON, BOB	DIVISION DEAN	CE	91,207.00		14,597.25	105,804.25	1800	58.78
SMITH, FRANK	DIRECTOR ACAD. COMP TECHNL	CE	74,505.00		14,502.64	89,007.64	1800	49.45
SPENCER, PAT	EXECUTIVE VICE PRESIDENT	CE	107,311.00	**	17,685.79	124,996.79	1800	69.44
SOTO, ABEL	REC-ADM TECHNICIAN	CL	45,368.16		12,832.49	58,200.65	1800	32.33
TAYLOR, CHRIS	COMPUTING ANALYST	CL	59,526.12		13,166.66	72,692.78	1800	40.38
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	94,560.00		15,379.86	109,939.86	1800	61.08
THOMAS, CONNIE	EXEC. SEC III	CL/CONFIDENTIAL	53,240.16		16,298.23	69,538.39	1800	38.63
TOBLER, HANK	DIVISION DEAN	CE	99,849.00		17,547.68	117,396.68	1800	65.22
VIERA, MICHAEL	PRESIDENT	CE	122,625.00	**	19,237.70	141,862.70	1800	78.81
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	CE	69,975.00		14,013.40	83,988.40	1800	46.66
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	94,269.00	*	13,714.56	107,983.56	1800	59.99
WILSON, MARCUS	INSTRUCTOR	CE	71,142.00		13,640.94	84,782.94	1800	47.10
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	CL	88,506.00	*	13,567.60	102,073.60	1800	56.71
WICKS, LORRAINE	COORDINATOR SENIOR PROGRAM	CE	80,110.00		15,702.09	95,812.09	1800	53.23
ZANDY, BEN	INSTRUCTOR	CE	78,169.00		13,266.40	91,435.40	1800	50.80
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFFAIRS	CL	96,056.00	*	13,705.03	109,761.03	1800	60.98

**Includes car allowance
Retirement not calculated on allowance

* Social Security

Wage Base \$76200 (1/1/00)

Wage Base \$80400 (1/1/01)

Used average of \$78300

If Annual Salary of employee covered by Social Security over \$78,300-Multiply 6.2% times excess and deducted this amount from total benefits

SixTen and Associates Mandate Reimbursement Services

TH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

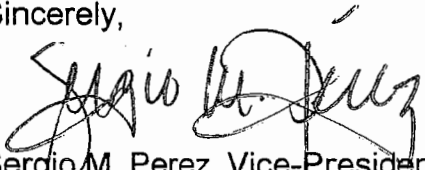
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,

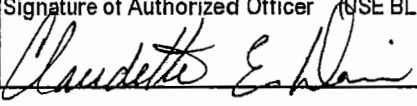


Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS			For State Controller Use Only:	Program 267																
(01) Claimant Identification Number: CC30105			(19) Program Number 00267																	
(02) Claimant Name: North Orange County Community College District			(20) Date Filed: _/_/																	
(03) County of Location: Orange			(21) LRS Input: _/_/																	
(04) Street Address or P.O. Box: 1830 W. Romneya Drive																				
(05) City: Anaheim		(06) State: CA	(22) EFCW-1, (04)(A)(1)(a)(f) 156																	
(07) Zip Code: 92801-1819		(23) EFCW-1, (04)(A)(1)(b)(f) 2,911																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Type of Claim</th> <th style="width: 20%;">Estimated Claim</th> <th style="width: 20%;">Reimbursement Claim</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td>(03) Estimated</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(09) Reimbursement</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>(04) Combined</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(10) Combined</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(05) Amended</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(11) Amended</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Type of Claim	Estimated Claim	Reimbursement Claim		(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	(24) EFCW-1, (04)(A)(2)(a)(f) 752,829		
		Type of Claim	Estimated Claim	Reimbursement Claim																
		(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>															
		(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>															
(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>																	
(25) EFCW-1, (04)(B)(1)(a)(f)																				
(26) EFCW-1, (04)(B)(1)(b)(f) 277																				
(27) EFCW-1, (04)(B)(2)(a)(f)																				
(28) EFCW-1, (04)(B)(2)(b)(f) 285,123																				
(29) EFCW-1, (04)(B)(2)(c)(f) 2,497																				
Fiscal Year of cost: (06)		(12) 2001-2002	(30) EFCW-1, (06) 38																	
Total Claimed Amount: (07)		(13) \$ 1,178,055	(31) EFCW-1, (07) 396,642																	
Less: 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09) 37,750																	
Less: Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10) 224,630																	
Net Claimed Amount		(16) \$ 1,178,055	(34)																	
Due from State: (08)		(17) \$ 1,178,055	(35)																	
Due to State		(18)	(36)																	
(37) CERTIFICATION OF CLAIM																				
<p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>																				
Signature of Authorized Officer (USE BLUE INK)			Date																	
			7/27/06																	
Claudette Dain			District Director, Fiscal Affairs																	
Type or Print Name			Title																	
(38) Name of Contact Person for Claim																				
SixTen and Associates			Telephone Number: (858) 514-8605																	
			E-mail Address: kbsixten@aol.com																	

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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(01) Claimant Identification Number: CC30105	Reimbursement Claim Data
(02) Claimant Name: North Orange County Community College District	(22) EFCW-1, (04)(A)(1)(a)(f) 156
County of Location: Orange	(23) EFCW-1, (04)(A)(1)(b)(f) 2,911
Street Address or P.O. Box: 1830 W. Romneya Drive	(24) EFCW-1, (04)(A)(2)(a)(f) 752,829
City: Anaheim State: CA Zip Code: 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) EFCW-1, (04)(B)(1)(b)(f) 277
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f) 285,123
			(29) EFCW-1, (04)(B)(2)(c)(f) 2,497
Fiscal Year of cost	(06)	(12) 2001-2002	(30) EFCW-1, (06) 38
Total Claimed Amount	(07)	(13) \$ 1,178,055	(31) EFCW-1, (07) 396,642
Less: 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09) 37,750
Less: Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10) 224,630
Net Claimed Amount		(16) \$ 1,178,055	(34)
Due from State	(08)	(17) \$ 1,178,055	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)

Claudette E. Dain

Date

7/27/06

Claudette Dain

District Director, Fiscal Affairs

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

Program 57	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2001-2002
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)

a. Preparing district policies & procedures for § IV.A.	\$ 155.94	\$ -	\$ -	\$ -	\$ -	\$ 155.94
b. Staff training (One time per employee)	\$ 2,910.88	\$ -	\$ -	\$ -	\$ -	\$ 2,910.88

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)

a. Calculating and collecting enrollment fees	\$ 752,828.87	\$ -	\$ -	\$ -	\$ -	\$ 752,828.87
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B. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)

a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 277.44	\$ -	\$ -	\$ -	\$ -	\$ 277.44

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)

a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 285,123.46	\$ -	\$ -	\$ -	\$ -	\$ 285,123.46
c. Reporting BOG fee waiver data to CCC	\$ 2,496.96	\$ -	\$ -	\$ -	\$ -	\$ 2,496.96

(05) Total Direct Costs	\$ 1,043,793.55	\$ -	\$ -	\$ -	\$ -	\$ 1,043,793.55
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Indirect Costs

(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]	38.00%
(07) Total Indirect Costs	[Line (06) x Line (05)(a)]	\$ 396,641.55
(08) Total Direct and Indirect Costs	[Line (05)(f) + Line (07)]	\$ 1,440,435.10

Cost Reduction

(09) Less: Enrollment Fee Revenue offset	\$ 37,750.00
(10) Enrollment Fee Waiver offsets	\$ 224,630.00
(11) Total Claimed Amount	\$ 1,178,055.10

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant n Orange County Community College District	(02) Fiscal Year 2001-2002
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$51.98	3.0	\$ 155.94				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 155.94	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2001-2002
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie -Bursar	\$51.98	56.0	\$ 2,910.88				
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/>			\$ 2,910.88	\$ -	\$ -	\$ -	\$ -

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year 2001-2002
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various staff I Collecting fees	\$23.42	8,000.7	\$ 187,376.39				
Calculating total enrollment fee to be collected Various staff I Collecting fees	\$23.42	6,777.2	\$ 158,722.02				
Answering student's questions regarding enrollment fee collection Various staff I Collecting fees	\$23.42	8,593.4	\$ 201,257.43				
Maintaining written and computer records for enrollment fee information Various staff I Collecting fees	\$23.42	8,445.2	\$ 197,786.58				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Various staff I Collecting fees	\$23.42	4.3	\$ 100.71				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Various staff I Collecting fees	\$23.42	323.9	\$ 7,585.74				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 752,828.87	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant n Orange County Community College District	(02) Fiscal Year 2001-2002
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$34.68	8.0	\$ 277.44				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 277.44	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2001-2002
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Various staff II Waiving enrollment fees	\$24.48	1,757.7	\$ 43,028.50				
Receiving waiver applications Various staff II Waiving enrollment fees	\$24.48	2,636.5	\$ 64,541.52				
Evaluating waiver applications and verifying application documents Various staff II Waiving enrollment fees	\$24.48	3,170.1	\$ 77,604.05				
Providing students of additional documentation requirements and how to obtain information Various staff II Waiving enrollment fees	\$24.48	135.0	\$ 3,304.80				
Entering approved application information into district records; providing student award letter Various staff II Waiving enrollment fees	\$24.48	3,752.9	\$ 91,870.99				
In case of denied applications, reviewing and evaluating information if denial is appealed by student Various staff II Waiving enrollment fees	\$24.48	195.0	\$ 4,773.60				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 285,123.46	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2001-2002
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
--	--

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$34.68	72.0	\$ 2,496.96				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 2,496.96	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT COLLECTIONS/WAIVERS
 2001-2002
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
01-02	3.00	Harter, Renie	Bursar	\$51.98	\$155.94	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
01-02	56.00	Harter, Renie	Bursar	\$51.98	\$2,910.88	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	59.00	Harter, Renie Total			\$3,066.82		
01-02	8.00	Larson, Nancy	Coordinator	\$34.68	\$277.44	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
01-02	72.00	Larson, Nancy	Coordinator	\$34.68	\$2,496.96	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$2,774.40		
01-02	8,000.70	Various staff I	Collecting fees	\$23.42	\$187,376.39	Referencing student accounts and records	Calculating and collecting enrollment fees
01-02	6,777.20	Various staff I	Collecting fees	\$23.42	\$158,722.02	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
01-02	8,593.40	Various staff I	Collecting fees	\$23.42	\$201,257.43	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
01-02	8,445.20	Various staff I	Collecting fees	\$23.42	\$197,786.58	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
01-02	4.30	Various staff I	Collecting fees	\$23.42	\$100.71	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
01-02	323.90	Various staff I	Collecting fees	\$23.42	\$7,585.74	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	32,144.70	Various staff I Total			\$752,828.87		
01-02	1,757.70	Various staff II	Waiving enrollment fees	\$24.48	\$43,028.50	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
01-02	2,636.50	Various staff II	Waiving enrollment fees	\$24.48	\$64,541.52	Receiving waiver applications	Waiving student fees
01-02	3,170.10	Various staff II	Waiving enrollment fees	\$24.48	\$77,604.05	Evaluating waiver applications and verifying application documents	Waiving student fees
01-02	135.00	Various staff II	Waiving enrollment fees	\$24.48	\$3,304.80	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
01-02	3,752.90	Various staff II	Waiving enrollment fees	\$24.48	\$91,870.99	Entering approved application information into district records; providing student award letter	Waiving student fees
01-02	195.00	Various staff II	Waiving enrollment fees	\$24.48	\$4,773.60	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	11,647.20	Various staff II Total			\$285,123.46		
	43,930.90	Grand Total			\$1,043,793.55		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: June 9, 1998

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preced:
Agreement was dated
March 30, 1987

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/97	06/30/02	38.0	On-Campus	All Programs
PROV.	07/01/02	06/30/04	38.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.88

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

District: North Orange County CCD

Employee Name Benie Harter

Exact Position Title Bursar

College/Department/Location Cypress Telephone # (714) 484-7316

Work year length 12mo/11mo/10mo/hriv

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: _____ 3 _____ 1 _____ 1 _____ 1 _____

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: _____ 5p _____ 5p _____ 5p _____ 5p _____

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 Benie Harter

Date 7-19-06

If you have any questions, please contact BENIE HARTER at 714-484-7316

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

EFCW 1.6B

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

Original Fax

JUL 20 2006

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

Telephone #

12mo/11mo/10mo/hrly
Work year length

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: 8 8 8 8 8 8 8

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.

72 72 72 72 72 72 72

TOTALS:

80 80 80 80 80 80 80

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 [Signature]

Date 7/20/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2001-2002
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.

Source: Schedules 2 and 4.

Findings:

*EFC 1	88,897
Avg. time p/account	5.4
Total Time (in minutes)	480044
Per Hour	60
Hours Worked (** Activity 11)	8000.7
*EFC 2	78,141
Avg. time p/student	5.2
Total Time (in minutes)	406333
Per Hour	60
Hours Worked (** Activity 12)	6772.2
*EFC 1	88,897
Avg. time p/question	5.8
Total Time (in minutes)	515603
Per Hour	60
Hours Worked (** Activity 13)	8593.4
*EFC 1	88,897
Avg. time p/file	5.7
Total Time (in minutes)	506713
Per Hour	60
Hours Worked (** Activity 14)	8445.2
*EFC 4	47
Avg. time p/account	5.5
Total Time (in minutes)	259
Per Hour	60
Hours Worked (** Activity 15)	4.3
*EFC 5	3,599
Avg. time p/student	5.4
Total Time (in minutes)	19435
Per Hour	60
Hours Worked (** Activity 16)	323.9

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 2001-2002
Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	18,832
Avg. time p/question	5.6
Total Time (in minutes)	105459
Per Hour	60
Hours Worked (** Activity 21)	1757.7
*EFW 6	18,832
Avg. time p/application	8.4
Total Time (in minutes)	158189
Per Hour	60
Hours Worked (** Activity 22)	2636.5
*EFW 6	18,832
Avg. time p/evaluation	10.1
Total Time (in minutes)	190203
Per Hour	60
Hours Worked (** Activity 23)	3170.1
*EFW 8	818
Avg. time p/application	9.9
Total Time (in minutes)	8098
Per Hour	60
Hours Worked (** Activity 24)	135.0
*EFW 7	18,014
Avg. time p/application	12.5
Total Time (in minutes)	225175
Per Hour	60
Hours Worked (** Activity 25)	3752.9
*EFW 8	818
Avg. time p/application	14.3
Total Time (in minutes)	11697
Per Hour	60
Hours Worked (** Activity 26)	195.0

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alicaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee; collect the payment or receivable; update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
PHR-Average
Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Akiyah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Carter, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antonese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Filippi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.61
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.65	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant I				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amelia	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.62	\$34.77
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushla, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8		7	
		**Activity Codes					
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandi	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushia, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CEA

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Intersession <i>e N/A</i>								1
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Intersession <i>e N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Intersession <i>e N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (d Mandate Coordinator)
 If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date: 7/18/06
Employee Name: (print) Kashmita Vyas Position or Title Accounting Specialist

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

EFCW 1.8-3

**308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT**

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date 7/18/06
 Employee Name: Kashmira Vyas Position or Title: Accounting Specialist

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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in 04-05 resources
-578*

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Year	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SGA

99-00 Total = 80,935 - SGA

00-01 Total = 88,893 - SGA

01-02 Total = 88,897 - SGA

02-03 Total = 83,317 - SGA

03-04 Total = 76,868 - SGA

04-05 Total = 78,803

verified: see CCCO report directly below SGA

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Year	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SGA

99-00 Total = 71,133 - SGA

00-01 Total = 78,391 - SGA

01-02 Total = 78,141 - SGA

02-03 Total = 71,431 - SGA

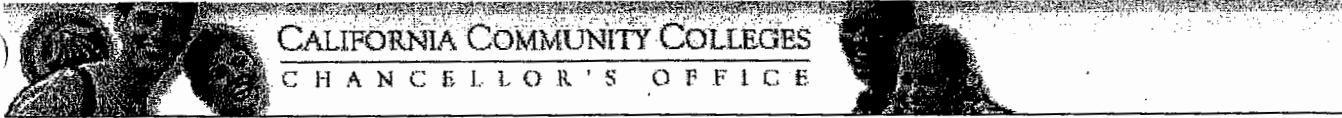
03-04 Total = 64,723 - SGA

04-05 Total = 64,582 - SGA

verified client calculated #1 - #3 correctly - SGA

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

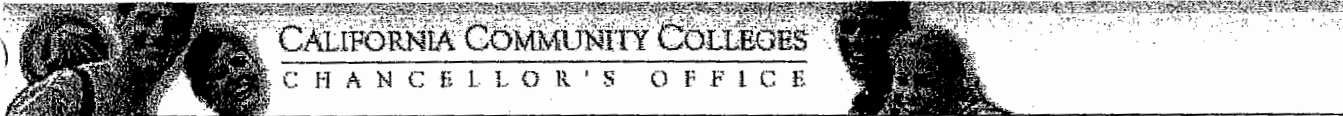
Student Demographics

**Student Total Headcount For Cypress
For 2001 Fall Semester**

Data Current As Of July 12, 2006 10:19:15

Total Headcount	15,337
------------------------	--------

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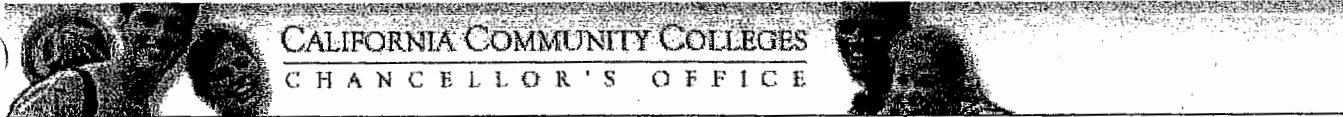
Student Demographics

**Student Total Headcount For Cypress
For 2002 Spring Semester**

Data Current As Of July 12, 2006 10:19:27

Total Headcount	16,266
------------------------	--------

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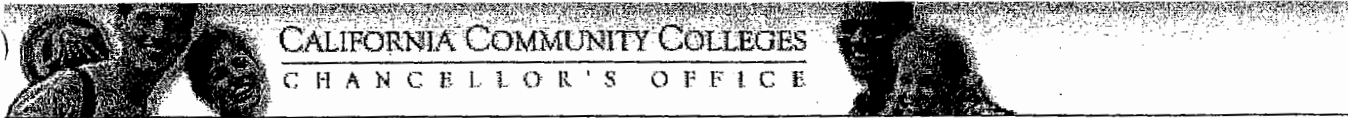
Student Demographics

**Student Total Headcount For Cypress
For 2002 Summer Term**

Data Current As Of July 12, 2006 10:19:41

Total Headcount	5,401
------------------------	-------

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Student Demographics

**Student Total Headcount For Fullerton
For 2001 Fall Semester**

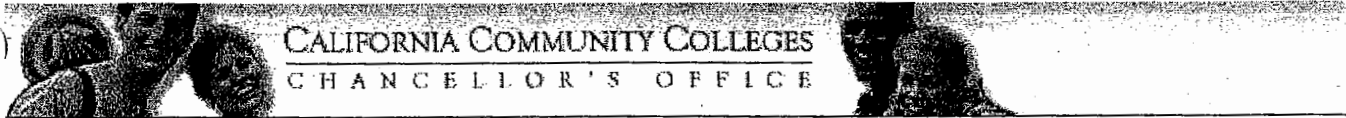
Data Current As Of July 12, 2006 10:32:37

Total Headcount	21,239
------------------------	---------------

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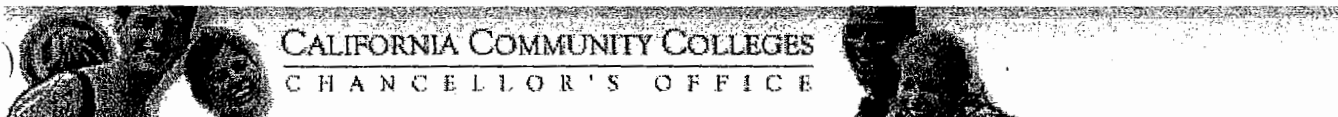
Student Demographics

Student Total Headcount For Fullerton For 2002 Spring Semester

Data Current As Of July 12, 2006 10:32:52

Total Headcount	21,592
------------------------	--------

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Student Demographics

Student Total Headcount For Fullerton For 2002 Summer Term

Data Current As Of July 12, 2006 10:33:13

Total Headcount	9,062
------------------------	-------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals
Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

verified these #'s
are same as BOGG waivers
per CCCO website - ~~sent~~

↓
See following
2 pages - ~~sent~~

98-99 - Total - 9,936 - ~~sent~~
99-00 - Total - 9,802 - ~~sent~~
00-01 - Total - 10,502 - ~~sent~~
01-02 - Total - 10,756 - ~~sent~~
02-03 - Total - 11,886 - ~~sent~~
03-04 - Total - 12,145 - ~~sent~~
04-05 - Total - 14,221 - ~~sent~~

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton
Fall 1998		Pre-Banner Term
Spring 1999		Pre-Banner Term
Summer 1999		Pre-Banner Term
Fall 1999		Pre-Banner Term
Spring 2000		Pre-Banner Term
Summer 2000		Pre-Banner Term
Fall 2000		Pre-Banner Term
Spring 2001		Pre-Banner Term
Summer 2001		Pre-Banner Term
Fall 2001	3	4
Spring 2002	7	6
Summer 2002	22	5
Fall 2002	163	8
Spring 2003	34	11
Summer 2003	38	8
Fall 2003	200	64
Spring 2004	18	12
Summer 2004	70	13
Fall 2004	168	72
Spring 2005	66	57
Summer 2005	5	34

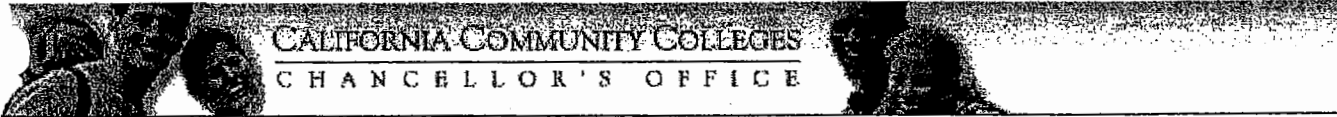
— Broke Down into FY's the way
client did on Page 1 of 6 for 1. Total
Number of Students Enrolled in College
— ~~sent~~

98-99
99-00
00-01
01-02
02-03
03-04
04-05

Total 47 - ~~sent~~
Total 262 - ~~sent~~
Total 377 - ~~sent~~
Total 402 - ~~sent~~

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**Student Financial Aid Awards**

**Cypress College
Financial Aid Count and Amount By type
For 2001-2002**

Data Current As Of July 12, 2006 11:19:12

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	140	20,859
BOGW - Part B based on income standards	3,262	495,630
BOGW - Part C based on financial need	1,948	398,696

Total Unduplicated Count = 5,151

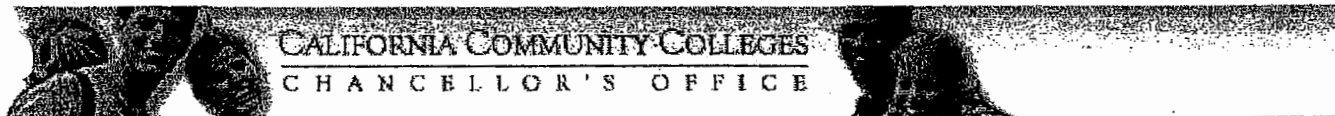
Total Amount = \$ 915,185

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Student Financial Aid Awards

Fullerton College Financial Aid Count and Amount By type For 2001-2002

Data Current As Of July 12, 2006 11:21:07

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	2	99
BOGW - Part A-2 based on SSI recipient status	6	231
BOGW - Part A-4 based on Veteran's or National Guard dependent status	2	275
BOGW - Part A basis unreported	76	11,594
BOGW - Part B based on income standards	3,326	476,978
BOGW - Part C based on financial need	2,494	517,693

Total Unduplicated Count = 5,605

Total Amount = \$ 1,006,870

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have District Totals
Source: Banner

Term	Cypress & Fullerton Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

98-99

99-00

00-01

Total = 3,599 - SAs
01-02

Total = 4,298 - SAs
02-03

Total = 4,402 - SAs
03-04

Total = 4,260 - SAs
04-05

- Broke Down into FY's the way client did on pg. 1 of 6 for 1. Total Number of Students Enrolled in College - SAs

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund #s are overstated - see page 10 of 10 - sent

Term	Cypress	Fullerton
Fall 1998	-	-
Spring 1999	-	-
Summer 1999	-	-
Fall 1999	-	-
Spring 2000	-	-
Summer 2000	-	-
Fall 2000	-	-
Spring 2001	-	-
Summer 2001	-	-
Fall 2001	26	6,748
Spring 2002	18	6,043
Summer 2002	4	2,425
Fall 2002	25	7,304
Spring 2003	2	7,524
Summer 2003	1	2,307
Fall 2003	8	6,851
Spring 2004	7	6,233
Summer 2004	64	2,204
Fall 2004	2,658	4,318
Spring 2005	2,304	4,042
Summer 2005	880	1,470

98-99 - Broke Down into FY15 the way Client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - sent

99-00

00-01

01-02

02-03

03-04

04-05

Not Used - Revised #15 emailed to GIO on 7-13-06 - sent see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99 *	4,666	5,270
1999-00 *	4,777	5,025
2000-01 *	4,902	5,600
2001-02	8,993	9,839
2002-03	8,205	9,478
2003-04	10,475	10,287
2004-05	10,259	11,799

*: Pre-banner Year, so used same number as #3
 Total 01-02 - 18,832 - sent
 Total 02-03 - 17,683 - sent
 Total 03-04 - 20,762 - sent
 Total 04-05 - 22,058 - sent
 verified these #15 are same as BOGS Waivers per cco website - sent
 See Comparison Sch. Clients #s higher by 7,258

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99 *	4,666	5,270
1999-00 *	4,777	5,025
2000-01 *	4,902	5,600
2001-02	8,507	9,507
2002-03	7,851	8,934
2003-04	9,132	9,407
2004-05	9,764	11,042

*: Pre-banner Year, so used same number as #3
 Total 01-02 - 18,014 - sent
 Total 02-03 - 16,785 - sent
 Total 03-04 - 18,539 - sent
 Total 04-05 - 20,806 - sent

disposed amount this for waivers granted / approved Not for requested in comparison sheet directly below - sent

Client used CCCC website data for these #'s. Other client data that was provided was usually lower than this #. P/Sergio - at this late date go w/ the data supplied by client

This is the way client has been broken-out - CCCC website has FY data broken out

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year. (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Summer													Fall 04	Summer 04
Fall													Spring 05	Fall 04
Spring													Summer 05	Spring 05
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. EFCW 1.8-3 - Ques. # 2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	
	Client used CCCO #'s		Client used CCCO #'s		Clients #'s higher		Clients #'s higher		Clients #'s higher		Clients #'s higher	

Normally we ask client - why higher? - but at this late date Sergio said to go w/ clients #'s

3. EFCW 1.8-4 - Ques. # 4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	
	Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s	

These #'s good client used CCCC website #'s - & we have usually gone w/ CCCC #'s over client #'s

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	-
2002-03	354	-
2003-04	1,343	-
2004-05	495	-

332 Total 01-02 = 818 - SCA
 544 Total 02-03 = 898 - SCA
 880 Total 03-04 = 2,223 - SCA
 757 Total 04-05 = 1,252 - SCA

} = Sch. 4
 EFW 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

**

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

Schedule D
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-4 and attachments from district office.

Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05	
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786	
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156	
This data is for comparison with CCCCO 2% calculation directly below Sch. 5A - same								
1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607	
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192	
(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 04-05 - unit fee					
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382	
	Fall Spring			98,476	95,586	96,382	110,925	
	Winter/Intersession							
	Spring Summer			15,952	13,488	17,086	18,034	
	Total # of credits		288,818	204,603	207,735	208,683	239,341	
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	
Summary								
1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192	
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717						
1.8-4 5	Credit Units Waived		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992	

Sci - JA
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-2000 to 2004-2005
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96	
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92	
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64	
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52	
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00	
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)	
Offset Amount to Claim			To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52

Conclusion: If line 8 is negative, then line 6 - "Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7 - "Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2001-2002 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

DISTRICT: North Orange Count
COUNTY: ORANGE

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2001	JUNE PAYMENT	TOTAL PAID THRU JUNE 2002
GENERAL APPORTIONMENT	\$40,743,497	\$38,164,110	\$490,250	\$38,654,360
ENROLL FEE ADMIN (2%)	37,750	34,730	3,020	37,750
APPRENTICE ALLOWANCE	18,468	84,952	-66,484	18,468
BASIC SKILLS	571,209	464,891	106,318	571,209
TANF	250,943	230,866	20,077	250,943
PARTNERSHIP FOR EXCEL	9,290,321	8,547,096	743,225	9,290,321
S. F. A. A.	149,937	137,942	11,995	149,937
E. O. P. S.	1,843,348	1,695,881	147,467	1,843,348
C. A. R. E.	235,916	217,042	18,874	235,916
D. S. P. S.	1,672,298	1,538,515	133,783	1,672,298
STATE HOSPITALS	0	0	0	0
CALWORKS	1,019,457	937,902	81,555	1,019,457
MATRICULATION (CREDIT)	1,551,517	1,421,259	130,258	1,551,517
MATRIC. (NONCREDIT)	1,127,553	1,037,348	90,205	1,127,553
FAC. & STAFF DIVERSITY	33,597	30,910	2,687	33,597
FAC. & STAFF DEVELOP.	158,146	145,495	12,651	158,146
TELECOMMUNICATIONS	705,477	584,134	121,343	705,477
ECONOMIC DEVELOPMENT	1,316,464	1,052,741	53,089	1,105,830
INST. EQUIP. (SB735)	462,013	462,013	0	462,013
PART-TIME FACULTY	1,751,097	1,611,010	140,087	1,751,097
PART-TIME FACULTY INS.	7,954	0	7,954	7,954
PART-TIME FAC. OFFICE	919,417	0	919,417	919,417
VATEA LEADERSHIP	0	0	0	0
VATEA TECH. PREP.	71,000	29,820	29,820	59,640
VATEA TITLE I C	362,066	152,069	152,066	304,135
NON TRADITIONAL	0	0	0	0
PRIOR YEAR CORRECTION	2,653,294	2,653,294	0	2,653,294
TOTAL	\$66,952,739	\$61,234,020	\$3,349,657	\$64,583,677

EFCW 1.8-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
1 4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$						
3 5 Number of credit units for which enrollment fees were waived.								
Summer								
Fall								
Winter/Intersession								
Spring								
TOTAL x \$0.91 per credit								

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: *K. Vas* Date 7/18/06
 Employee Name: (print) Kashmita Vas Position or Title 7/18/06

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. *******

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,866,642	3,260,641	
2002-03	1,798,244	3,317,202	
2003-04	2,655,240	4,923,768	
2004-05	3,877,667	6,847,842	

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. ******

Academic Year	Cypress	Fullerton	
1998-99			Pre-Banner Year
1999-00			Pre-Banner Year
2000-01			Pre-Banner Year
2001-02	3,129	913,539	
2002-03	67	1,052,867	
2003-04	5,225	1,437,645	
2004-05	737,447	1,303,313	

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - SAA
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - SAA
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - SAA
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - SAA

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	98-99 Total 3,366,725 - SAA
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - SAA
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - SAA
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - SAA
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - SAA
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - SAA
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - SAA

- Same as CCCO report - see following 2 pages - SAA

California Home

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

**Student Financial Aid Awards**

Cypress College
Financial Aid Count and Amount By type
For 2001-2002

Data Current As Of July 12, 2006 11:19:12

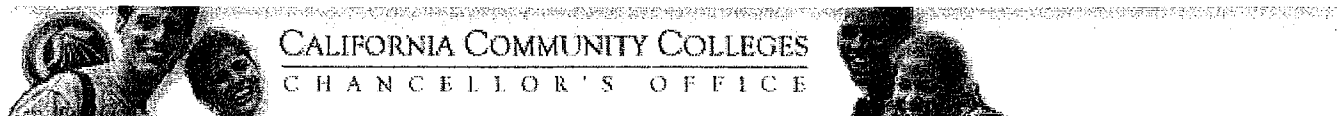
[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	140	20,859
BOGW - Part B based on income standards	3,262	495,630
BOGW - Part C based on financial need	1,948	398,696

Total Unduplicated Count = 5,151
Total Amount = \$ 915,185

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Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2001-2002**

Data Current As Of July 12, 2006 11:21:07

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	2	99
BOGW - Part A-2 based on SSI recipient status	6	231
BOGW - Part A-4 based on Veteran's or National Guard dependent status	2	275
BOGW - Part A basis unreported	76	11,594
BOGW - Part B based on income standards	3,326	476,978
BOGW - Part C based on financial need	2,494	517,693

**Total Unduplicated Count = 5,605
Total Amount = \$ 1,006,870**

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5
 Source: Banner

Academic Year Cypress Fullerton

Fall 1998			Not Applicable for this Term per SixTen Form
Spring 1999			Not Applicable for this Term per SixTen Form
Summer 1999			Not Applicable for this Term per SixTen Form
Fall 1999			Not Applicable for this Term per SixTen Form
Spring 2000			Not Applicable for this Term per SixTen Form
Summer 2000			Not Applicable for this Term per SixTen Form
Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
For this year, Annual amount calculated as Annual			
2000/01 Year	138,142	150,676	amount from #12 above / \$11.00 per unit for this year.
Fall 2001	42,259	47,916	
Spring 2002	45,262	53,214	
Summer 2002	6,949	9,003	01-02 Total = 204,603 - 845
Fall 2002	45,508	53,153	
Spring 2003	43,929	51,657	02-03 Total = 207,735 - 845
Summer 2003	5,533	7,955	
Fall 2003	45,883	49,332	
Spring 2004	45,390	50,992	03-04 Total = 208,683 - 845
Summer 2004	7,140	9,946	
Fall 2004	49,772	60,610	
Spring 2005	49,619	61,306	04-05 Total = 239,344 - 845
Summer 2005	7,011	11,023	

00-01 Total 288,818
- 845

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11		
Chabot CCD	FAM-29C	34.57	38.76	39.36	42.24	39.41	35.87	34.89	34.69	
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58		
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
College of the Sequoias CCD	FAM-29C	48.43	45.68	41.58	38.40	31.24	29.83	31.91	35.36	
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22		
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Hartnell CCD	FAM-29C	52.81	49.16	46.72	42.33	35.08	34.74	36.34		
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89		
Los Rios CCD	FED rate								30.0	30.0
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33		
Mariposa Peninsula CCD	FAM-29C					34.91	38.94	43.85		
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	39.00
Palomar CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	
Palo Verde CCD	FAM-29C	47.29	41.20	43.03	39.17	63.70	53.57	45.81	39.76	
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Redwoods CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	
Mt. San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94		
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91		
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90		
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80		
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	
Yuba CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88		

* ICR taken from previously filed claims

PRODUCTIVE HOURLY RATE COMPUTATION
2001-2002
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

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EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
ALONZO, ROSE	ACCOUNTING TECHNICIAN	CL	38,180.00	12,026.74	50,206.74	1800	27.89
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	79,960.00	17,144.92	97,104.92	1800	53.95
AYON, VIOLET	EXEC. ADM. AIDE	CL	76,087.00	16,879.67	92,966.67	1800	51.65
BARROW, LINDA	PERSONNEL SPEC	CL/CONFIDENTIAL	52,563.84	14,965.27	67,529.11	1800	37.52
BEELER, RON	DIST DIR-FACILITY	CL	97,365.00 *	14,079.66	111,444.66	1800	61.91
BEERS, SUSAN	DIVISION DEAN	CE	105,195.00	19,089.14	124,284.14	1800	69.05
BELOZ, GEORGE	DIR CAMPUS DIVERSITY	CE	98,365.00	15,025.13	113,390.13	1800	62.99
BENNETT, BARBARA	INSTRUCTOR	CE	69,063.00	15,964.77	85,027.77	1800	47.24
BETTENDORF, PAM	OFFICE MANAGER	CL	42,026.04	12,633.65	54,659.69	1800	30.37
BOYD-DAILEY, NANCY	SECRETARY SENIOR	CL	36,407.08	14,402.73	50,809.81	1800	28.23
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	45,128.16	13,123.16	58,251.32	1800	32.36
BROWN, ALLEN	DIVISION DEAN	CE	105,195.00	19,089.14	124,284.14	1800	69.05
BRUCE, KAY	DEAN INSTRUCTION	CE	105,195.00	19,089.14	124,284.14	1800	69.05
BURCHFIELD, JERRY	INSTRUCTOR	CE	73,108.00	12,660.08	85,768.08	1800	47.65
BURGESS, JULIE	ASST/LEARNING CENTER	CL	43,470.72	10,887.73	54,358.45	1800	30.20
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	109,748.00	17,463.92	127,211.92	1800	70.67
BURNS, MICHAEL	DIVISION DEAN	CE	102,595.00	18,845.26	121,440.26	1800	67.47
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID CL	92,643.00 *	16,596.84	109,239.84	1800	60.69
CANT, KAREN	DIRECTOR BUDGET/FINANCE	CL	91,204.00	11,710.06	102,914.06	1800	57.17
CARRITHERS, JOE	INSTRUCTOR	CE	62,998.00	12,668.92	75,666.92	1800	42.04
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	38,772.00	12,175.71	50,947.71	1800	28.30
COURCHAIINE, JEFFREY	INSTRUCTOR	CE	69,063.00	13,301.80	82,364.80	1800	45.76
CRAIG, DALE	INSTRUCTOR	CE	63,627.98	14,166.71	77,794.69	1800	43.22
CUSACC, JOHNIE	INSTRUCTOR	CE	65,671.21	12,224.79	77,896.00	1800	43.28
DONLEY, STEVEN	MANAGER	CE	105,195.00	18,362.22	123,557.22	1800	68.64
DOOLEY, GEORGE	DIRECTOR ECONOMIC DEVE	CE	98,684.00	15,839.40	114,523.40	1800	63.62
DUNCAN, STEVE	MANAGER	CL	94,855.00	15,297.87	110,152.87	1800	61.20
EICHERS, RICHARD	INSTRUCTOR	CE	61,586.77	14,887.76	76,474.53	1800	42.49
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	60,502.00	14,533.93	75,035.93	1800	41.69
EGGERS, GOLDIE	LIBRARIAN	CE	79,173.00	13,272.67	92,445.67	1800	51.36
FLEEMAN, RODNEY	V CHANCELLOR FINANCE/FA	CE	133,269.00	22,637.87	155,906.87	1800	86.61
FLORES, ADRIANNA	MANAGER	CL	48,714.00	11,246.69	59,960.69	1800	33.31
FOY, TAMI	DIST MANG INST RSRCS	CL	60,472.00	11,892.72	72,364.72	1800	40.20
FISHMAN, DARLENE	INSTRUCTOR	CE	81,360.86	13,475.85	94,836.71	1650	57.48
FRANKS, JOE	DIRECTOR ACADEMING COM	CE	73,108.00	16,079.38	89,187.38	1800	49.55

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**PRODUCTIVE HOURLY RATE COMPUTATION
2001-2002
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/ CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFA	CL	78,909.00		13,511.49	92,420.49	1800	51.34
GOMBER, LISA	ADM. SEC. II	CL	44,622.12		10,832.67	55,454.79	1800	30.81
GUYTON, JEAN	MANAGER APPLICATION SUP	CL	99,240.00	*	14,128.03	113,368.03	1800	62.98
HANNON, ANDREA	DIRECTOR/NURSING/DIR HEA	CE	98,650.00		18,475.22	117,125.22	1800	65.07
HARTER, RENIE	MANAGER CAMPUS ACCOUN	CL	77,329.00		16,011.34	93,340.34	1800	51.86
HEBSON CHRIS	COMPUTING ANALYST	CL	61,840.08		18,399.31	80,239.39	1800	44.58
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	102,595.00	*	16,853.60	119,448.60	1800	66.36
HAYNES, CYNDI	LEAD PERSONNEL SPECIALIS	CL/CONFIDENTIAL	50,619.84		12,365.61	62,985.45	1800	34.99
HENDERSON, WILFORD	SAFETY SPECIALIST	CL	45,116.16		15,517.54	60,633.70	1800	33.69
HENRY, DIANE	DIVISION DEAN	CE	102,595.00		18,845.26	121,440.26	1800	67.47
HERRERA, ALEX	INSTRUCTOR	CE	60,977.00		12,450.21	73,427.21	1800	40.79
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	CL	31,260.00		9,005.53	40,265.53	1800	22.37
HITCHMAN, LEEANN	INSTRUCTOR	CE	59,841.97		12,608.37	72,450.34	1800	40.25
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN R	CE	133,269.00	**	20,705.47	153,974.47	1800	85.54
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	42,468.00		15,624.40	58,092.40	1800	32.27
HUMPRES, PAT		CL/CONFIDENTIAL	46,812.00					
HUMPRES, PAT	EXEC. SEC I	CL/CONFIDENTIAL	49,152.00			49,152.00	1800	27.31
HUNTER, JEROME	CHANCELLOR	CE	182,202.00		32,858.46	215,060.46	1800	119.48
JAY, PAULA	ADM. SEC.	CL	42,376.08		15,327.90	57,703.98	1800	32.06
KADRI, MARY	INSTRUCTION OFFICE ASSIS	CL	43,034.04		15,431.72	58,465.76	1800	32.48
			44,978.04					
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	CE	112,019.00	**	21,048.71	133,067.71	1800	73.93
LEE, PAT	PAYROLL MANAGER	CL	68,512.00		15,237.20	83,749.20	1800	46.53
LEWIS, MARGORIE	PRESIDENT	CE	133,269.00	**	25,276.88	158,545.88	1800	88.08
LEYSON, ELIZABETH	DIVISION DEAN	CE	102,595.00		18,872.47	121,467.47	1800	67.48
LUSCH, ROD	WELDER	CL	53,856.00		14,297.88	68,153.88	1800	37.86
MARRS, BARBARA	DIVISION DEAN	CE	102,595.00		15,374.13	117,969.13	1800	65.54
MELELLA, LAURA	INSTRUCTOR	CE	65,021.00		12,189.33	77,210.33	1800	42.89
MERCANDANTE, LARRY	DIVISION DEAN	CL	102,595.00		18,845.26	121,440.26	1800	67.47
MCCLOUD, EDWARD	INSTRUCTOR	CE	69,063.00		13,301.80	82,364.80	1800	45.76
MCGUIRE, GARY	PROVOST	CE	127,319.00	**	24,349.12	151,668.12	1800	84.26
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	82,866.00	*	13,705.58	96,571.58	1800	53.65
MONTANO, DIANE	MANAGER CHILD CARE	CL	58,902.00		11,809.99	70,711.99	1800	39.28
MOORE, MIKE	INSTRUCTOR	CE	75,129.00		16,621.72	91,750.72	1800	50.97
MOORE, SALLY	INSTRUCTOR	CL	61,586.77		13,434.31	75,021.08	1800	41.68

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7/1-9/30
10/1-6/30

**PRODUCTIVE HOURLY RATE COMPUTATION
2001-2002
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/ CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
MUSSO, VANESSA	INSTRUCTOR	CE	47,543.84		4,174.40	51,718.24	1800	28.73
NADELL, ROBERT	DEAN COUNSELING/STUDEN	CE	102,995.00		16,243.77	119,238.77	1800	66.24
NELSON, JANICE	ACCOUNTING TECHNICIAN	CL	43,734.12		12,766.25	56,500.37	1800	31.39
NICCOLAI, NILO	DIRECTOR ACAD. COMP TEC	CE	100,640.00		20,121.16	120,761.16	1800	67.09
NOVISOFF, ANNA	OFFICE MANAGER	CL	40,452.00		12,073.77	52,525.77	1800	29.18
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	102,995.00	*	14,280.46	117,275.46	1800	65.15
PAYNE, STEPHEN	DIVISION DEAN	CE	80,578.60		14,821.42	95,400.02	1800	53.00
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	49,152.00		14,477.07	63,629.07	1800	35.35
PEREZ, JENNIFER	ADMINISTRATOR ASSISTANT	CL	45,118.00		13,183.21	58,301.21	1800	32.39
PFEIFFER, JODY	SECRETARY	CL	15,798.70		6,725.43	22,524.13	900	25.03
PARISI, TOM	DEAN INSTRUCTION ADULT E	CE	102,595.00		20,339.04	122,934.04	1800	68.30
PHILLIPS, JIM	INSTRUCTOR	CE	84,420.58		17,628.00	102,048.58	1800	56.69
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	CE	109,748.00		16,877.20	126,625.20	1800	70.35
POSNER, MARC	ADMINISTRATIVE ASSISTANT	CL	46,923.00		13,381.82	60,304.82	1800	33.50
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	105,195.00	*	16,920.68	122,115.68	1800	67.84
RAUBOLT, JACK	DIST DIRECTOR INFORMATIO	CL	106,473.00	*	14,314.64	120,787.64	1800	67.10
REHA, DELORES	INSTRUCTOR	CE	77,149.00		15,456.57	92,605.57	1800	51.45
RODGERS, CAROLANNE	INSTRUCTOR	CE PAID CL	79,173.00		12,773.67	91,946.67	1800	51.08
ST JOHN, PAUL	INSTRUCTOR	CE	65,344.19		15,296.78	65,344.00	1800	36.30
SANBORN, JACKIE	DIVISION OFFICE MANAGER	CL	47,174.48		13,782.14	60,956.62	1800	33.86
SCHULTZ, GREG	COORDINATOR ADMINISTRA	CL	64,902.00		13,487.00	78,389.00	1800	43.55
SIMPSON, BOB	DIVISION DEAN	CE	99,050.00		15,391.60	114,441.60	1800	63.58
SMEAD, RICHARD	INSTRUCTOR	CE	64,571.10		15,213.05	79,784.15	1800	44.32
SMITH, FRANK	DIRECTOR ACAD. COMP TEC	CE	80,583.00		15,309.98	95,892.98	1800	53.27
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	CL	50,295.00		11,280.10	61,575.10	1800	34.21
SPENCER, NORA	INSTRUCTOR	CE	61,893.29		10,338.68	72,231.97	1800	40.13
SPENCER, PAT	EXECUTIVE VICE PRESIDENT	CE	112,019.00	**	18,410.14	130,429.14	1800	72.46
SOTO, ABEL	REC-ADM TECHNICIAN	CL	45,368.16		13,216.59	58,584.75	1800	32.55
TAYLOR, CHRIS	COMPUTING ANALYST	CL	59,526.12		13,184.52	72,710.64	1800	40.39
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	102,595.00		16,593.01	119,188.01	1800	66.22
THOMAS, CONNIE	EXEC. SEC III	CL/CONFIDENTIAL	55,671.84		17,707.97	73,379.81	1800	40.77
TYRRELL, DONALD	COUNSELOR	CE	78,395.00		15,573.65	93,968.65	1800	52.20
VIERA, MICHAEL	PRESIDENT	CE	133,269.00	**	20,427.23	153,696.23	1800	85.39
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSI	CE	75,682.00		14,779.20	90,461.20	1800	50.26
WALLACE, TOM	MANAGER TECHNICAL SUPP	CL	98,040.00	*	14,097.07	112,137.07	1800	62.30

80%FRNG100%HP

**PRODUCTIVE HOURLY RATE COMPUTATION
2001-2002
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/ CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
WILSON, MARCUS	INSTRUCTOR	CE	77,626.44		14,795.64	92,422.08	1800	51.35
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHA	CL	92,014.00	*	13,941.60	105,955.60	1800	58.86
WICKS, LORRAINE	COORDINATOR SENIOR PRO	CE	83,266.00		17,032.20	100,298.20	1800	55.72
ZANDY, BEN	INSTRUCTOR	CE	81,194.00		14,004.70	95,198.70	1800	52.89
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL	CL	104,195.00	*	14,256.31	118,451.31	1800	65.81

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$76200 (1/1/00)
Wage Base \$80400 (1/1/01)
Used average of \$78300
If Annual Salary of employee covered by Social Security over \$78,300-Multiply 6.2% times excess and deducted this amount from total benefits

SixTen and Associates

Mandate Reimbursement Services

TH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

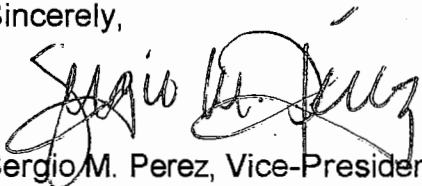
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



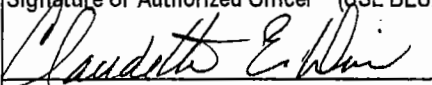
Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS			For State Controller Use Only	Program 267
(01) Claimant Identification Number: CC30105			(19) Program Number 00267	267
(02) Claimant Name: North Orange County Community College District			(20) Date Filed: <u> </u> / <u> </u> / <u> </u>	
(03) County of Location: Orange			(21) LRS Input: <u> </u> / <u> </u> / <u> </u>	Reimbursement Claim Data
(04) Street Address or P.O. Box: 1830 W. Romneya Drive			(22) EFCW-1, (04)(A)(1)(a)(f)	53
(05) City: Anaheim State: CA Zip Code: 92801-1819			(23) EFCW-1, (04)(A)(1)(b)(f)	2,968
(06) Type of Claim			(24) EFCW-1, (04)(A)(2)(a)(f)	731,882
(07) Estimated Claim <input type="checkbox"/>			(25) EFCW-1, (04)(B)(1)(a)(f)	
(08) (09) Reimbursement Claim <input checked="" type="checkbox"/>			(26) EFCW-1, (04)(B)(1)(b)(f)	317
(09) (10) Combined <input type="checkbox"/>			(27) EFCW-1, (04)(B)(2)(a)(f)	
(10) (11) Amended <input type="checkbox"/>			(28) EFCW-1, (04)(B)(2)(b)(f)	267,027
(11) Fiscal Year of cost: (06) 2002-2003			(29) EFCW-1, (04)(B)(2)(c)(f)	2,853
(12) Total Claimed Amount: (07) \$ 1,096,331			(30) EFCW-1, (06)	39
(13) Less: 10% Late Penalty: (14) \$ -			(31) EFCW-1, (07)	391,989
(14) Less: Prior Claim Payment Received: (15) \$ -			(32) EFCW-1, (09)	61,633
(15) Net Claimed Amount: (16) \$ 1,096,331			(33) EFCW-1, (10)	239,124
(16) Due from State: (17) \$ 1,096,331			(34)	
(17) Due to State: (18)			(35)	
(18)			(36)	
<p>(37) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer (USE BLUE INK)			Date	
			<u>7/27/06</u>	
Claudette Dain			District Director, Fiscal Affairs	
Type or Print Name			Title	
(38) Name of Contact Person for Claim				
SixTen and Associates			Telephone Number: <u>(858) 514-8605</u>	
			E-mail Address: <u>kbsixten@aol.com</u>	

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS			For State Controller Use Only: (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___		Program 267												
(01) Claimant Identification Number: CC30105			Reimbursement Claim Data														
(02) Claimant Name North Orange County Community College District			(22) EFCW-1, (04)(A)(1)(a)(f)		53												
County of Location Orange			(23) EFCW-1, (04)(A)(1)(b)(f)		2,968												
Street Address or P.O. Box 1830 W. Romneya Drive			(24) EFCW-1, (04)(A)(2)(a)(f)		731,882												
City State Zip Code Anaheim CA 92801-1819			(25) EFCW-1, (04)(B)(1)(a)(f)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Type of Claim</td> <td style="width: 30%;">Estimated Claim</td> <td style="width: 30%;">Reimbursement Claim</td> </tr> <tr> <td></td> <td>(03) Estimated <input type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> </tr> <tr> <td></td> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> </tr> </table>			Type of Claim	Estimated Claim	Reimbursement Claim		(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(26) EFCW-1, (04)(B)(1)(b)(f)		317
Type of Claim	Estimated Claim	Reimbursement Claim															
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>															
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>															
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>															
Fiscal Year of cost (06)			(12) 2002-2003		(30) EFCW-1, (06)												
Total Claimed Amount (07)			(13) \$ 1,096,331		(31) EFCW-1, (07)												
Less : 10% Late Penalty			(14) \$ -		(32) EFCW-1; (09)												
Less : Prior Claim Payment Received			(15) \$ -		(33) EFCW-1, (10)												
Net Claimed Amount			(16) \$ 1,096,331		(34)												
Due from State (08)			(17) \$ 1,096,331		(35)												
Due to State			(18)		(36)												
(37) CERTIFICATION OF CLAIM																	
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.																	
I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.																	
The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.																	
Signature of Authorized Officer (USE BLUE INK) 				Date 7/27/06													
Claudette Dain Type or Print Name				District Director, Fiscal Affairs Title													
(38) Name of Contact Person for Claim																	
SixTen and Associates				Telephone Number: (858) 514-8605 E-mail Address: kbpsixten@aol.com													

Program 67	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY						FORM EFCW-1
(01) Claimant: North Orange County Community College District			(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>			Fiscal Year 2002-2003	
(03) Leave Blank							
Direct Costs		Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total	
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)							
a. Preparing district policies & procedures for § IV.A.	\$ 53.00	\$ -	\$ -	\$ -	\$ -	\$ 53.00	
b. Staff training (One time per employee)	\$ 2,968.00	\$ -	\$ -	\$ -	\$ -	\$ 2,968.00	
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)							
a. Calculating and collecting enrollment fees	\$ 731,881.89	\$ -	\$ -	\$ -	\$ -	\$ 731,881.89	
L Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)							
a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
b. Staff training (One time per employee)	\$ 316.96	\$ -	\$ -	\$ -	\$ -	\$ 316.96	
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)							
a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
b. Waiving student fees	\$ 267,027.01	\$ -	\$ -	\$ -	\$ -	\$ 267,027.01	
c. Reporting BOG fee waiver data to CCC	\$ 2,852.64	\$ -	\$ -	\$ -	\$ -	\$ 2,852.64	
(05) Total Direct Costs	\$ 1,005,099.50	\$ -	\$ -	\$ -	\$ -	\$ 1,005,099.50	
Indirect Costs							
(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]					39.00%	
(07) Total Indirect Costs	[Line (06) x line (05)(a)]					\$ 391,988.81	
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]					\$ 1,397,088.31	
Cost Reduction							
(09) Less: Enrollment Fee Revenue offset						\$ 61,633.00	
(10) Enrollment Fee Waiver offsets						\$ 239,124.00	
(11) Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]					\$ 1,096,331.31	

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2002-2003
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$53.00	1.0	\$ 53.00				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 53.00	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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1) Claimant n Orange County Community College District	(02) Fiscal Year <div style="text-align: right;">2002-2003</div>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$53.00	56.0	\$ 2,968.00				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 2,968.00	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2002-2003
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(03) Reimbursable Activities: Check only **one** box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Referencing student accounts and records Various staff I Collecting fees	\$24.34	7,498.5	\$ 182,513.49				
Calculating total enrollment fee to be collected Various staff I Collecting fees	\$24.34	6,190.7	\$ 150,681.64				
Answering student's questions regarding enrollment fee collection Various staff I Collecting fees	\$24.34	8,054.0	\$ 196,034.36				
Updating written and computer records for enrollment fee information Various staff I Collecting fees	\$24.34	7,915.1	\$ 192,653.53				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Various staff I Collecting fees	\$24.34	24.0	\$ 584.16				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Various staff I Collecting fees	\$24.34	386.8	\$ 9,414.71				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 731,881.89	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant In Orange County Community College District	(02) Fiscal Year 2002-2003
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$39.62	8.0	\$ 316.96				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 316.96	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant In Orange County Community College District	(02) Fiscal Year 2002-2003
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Various staff II Waiving enrollment fees	\$24.36	1,650.4	\$ 40,203.74				
Receiving waiver applications Various staff II Waiving enrollment fees	\$24.36	2,475.6	\$ 60,305.62				
Evaluating waiver applications and verifying application documents Various staff II Waiving enrollment fees	\$24.36	2,976.6	\$ 72,509.98				
Asking students of additional documentation requirements and how to obtain information Various staff II Waiving enrollment fees	\$24.36	148.2	\$ 3,610.15				
Entering approved application information into district records; providing student award letter Various staff II Waiving enrollment fees	\$24.36	3,496.9	\$ 85,184.48				
In case of denied applications, reviewing and evaluating information if denial is appealed by student Various staff II Waiving enrollment fees	\$24.36	214.0	\$ 5,213.04				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 267,027.01	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2002-2003
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$39.62	72.0	\$ 2,852.64				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 2,852.64	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT COLLECTIONS/WAIVERS
 2002-2003
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
02-03	1.00	Harter, Renie	Bursar	\$53.00	\$53.00	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
02-03	56.00	Harter, Renie	Bursar	\$53.00	\$2,968.00	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	57.00	Harter, Renie Total			\$3,021.00		
02-03	8.00	Larson, Nancy	Coordinator	\$39.62	\$316.96	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
02-03	72.00	Larson, Nancy	Coordinator	\$39.62	\$2,852.64	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$3,169.60		
02-03	7,498.50	Various staff I	Collecting fees	\$24.34	\$182,513.49	Referencing student accounts and records	Calculating and collecting enrollment fees
02-03	6,190.70	Various staff I	Collecting fees	\$24.34	\$150,681.64	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
02-03	8,054.00	Various staff I	Collecting fees	\$24.34	\$196,034.36	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
02-03	7,915.10	Various staff I	Collecting fees	\$24.34	\$192,653.53	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
02-03	24.00	Various staff I	Collecting fees	\$24.34	\$584.16	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
02-03	386.80	Various staff I	Collecting fees	\$24.34	\$9,414.71	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	30,069.10	Various staff I Total			\$731,881.89		
02-03	1,650.40	Various staff II	Waiving enrollment fees	\$24.36	\$40,203.74	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
02-03	2,475.60	Various staff II	Waiving enrollment fees	\$24.36	\$60,305.62	Receiving waiver applications	Waiving student fees
02-03	2,976.60	Various staff II	Waiving enrollment fees	\$24.36	\$72,509.98	Evaluating waiver applications and verifying application documents	Waiving student fees
02-03	148.20	Various staff II	Waiving enrollment fees	\$24.36	\$3,610.15	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
02-03	3,496.90	Various staff II	Waiving enrollment fees	\$24.36	\$85,184.48	Entering approved application information into district records; providing student award letter	Waiving student fees
02-03	214.00	Various staff II	Waiving enrollment fees	\$24.36	\$5,213.04	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	10,961.70	Various staff II Total			\$267,027.01		
	41,167.80	Grand Total			\$1,005,099.50		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

VIN #:

DATE: August 8, 2002

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preceding Agreement was dated June 9, 1998

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)					
TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/02	06/30/06	39.0	On-Campus	All Programs
PROV.	07/01/06	06/30/07	39.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.00

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

District: North Orange County CCD

Benie Harter
Employee Name

Bursar
Exact Position Title

Cypress (714) 484-7316
College/Department/Location Telephone #

12mo/11mo/10mo/hrly
Work year length

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: _____ 3 _____ 1 _____ 1 _____ 1 _____
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: _____ 5p _____ 5p _____ 5p _____ 5p _____
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 Benie Harter

Date 7-19-06

If you have any questions, please contact BENIE HARTER at 714-484-7316

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

EFCW 1.6B

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

Original Fax

JUL 20 2006

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

12mo/11mo/10mo/hrly
Work year length

Telephone #

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: 8 8 8 8 8 8 8

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 of 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.

72 72 72 72 72 72 72

TOTALS: 80 80 80 80 80 80 80

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 [Signature]

Date 7/20/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2002-2003
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.

Source: Schedules 2 and 4.

Findings:

*EFC 1	83,317
Avg. time p/account	5.4
Total Time (in minutes)	449912
Per Hour	60
Hours Worked (** Activity 11)	7498.5
*EFC 2	71,431
Avg. time p/student	5.2
Total Time (in minutes)	371441
Per Hour	60
Hours Worked (** Activity 12)	6190.7
*EFC 1	83,317
Avg. time p/question	5.8
Total Time (in minutes)	483239
Per Hour	60
Hours Worked (** Activity 13)	8054.0
*EFC 1	83,317
Avg. time p/file	5.7
Total Time (in minutes)	474907
Per Hour	60
Hours Worked (** Activity 14)	7915.1
*EFC 4	262
Avg. time p/account	5.5
Total Time (in minutes)	1441
Per Hour	60
Hours Worked (** Activity 15)	24.0
*EFC 5	4,298
Avg. time p/student	5.4
Total Time (in minutes)	23209
Per Hour	60
Hours Worked (** Activity 16)	386.8

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2002-2003
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	17,683
Avg. time p/question	5.6
Total Time (in minutes)	<u>99025</u>
Per Hour	60
Hours Worked (** Activity 21)	1650.4
*EFW 6	17,683
Avg. time p/application	8.4
Total Time (in minutes)	<u>148537</u>
Per Hour	60
Hours Worked (** Activity 22)	2475.6
*EFW 6	17,683
Avg. time p/evaluation	10.1
Total Time (in minutes)	<u>178598</u>
Per Hour	60
Hours Worked (** Activity 23)	2976.6
*EFW 8	898
Avg. time p/application	9.9
Total Time (in minutes)	<u>8890</u>
Per Hour	60
Hours Worked (** Activity 24)	148.2
*EFW 7	16,785
Avg. time p/application	12.5
Total Time (in minutes)	<u>209813</u>
Per Hour	60
Hours Worked (** Activity 25)	3496.9
*EFW 8	898
Avg. time p/application	14.3
Total Time (in minutes)	<u>12841</u>
Per Hour	60
Hours Worked (** Activity 26)	214.0

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.
 Source: EFCW 1.7-2 and Schedule 2A.
 Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1		4	5
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2004-05
 PHR-Average
 Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Akliah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almeraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Carter, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antonese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Filippi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	CC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Rente	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.81
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.65	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant 1				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amella	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwibert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushla, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		**Activity Codes					
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandi	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushla, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1999-00 through 2004-05
PHR-Average
Various Staff - Waiving enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-Financial Aid Technician								
Alcaraz, Jose	FC-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Staff Support				\$7.75	\$9.00		\$9.00	\$10.00
Bustos, Raymond	FC-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Caro, Barbara	FC-A&R-Admissions Technician	\$26.28	\$27.98	\$30.57	\$30.56	\$33.51	\$33.02	\$35.50	\$34.71
Cobb, Keith	CC-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dillon, Andrew	FC-A&R-Hourly Staff Support							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Lam, Tina	FC-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Transcript Clerk						\$7.75	\$8.25	\$9.00
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Oropeza, Elaine	FC-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Reza, Alan	CC-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Salcedo, Daniel	FC-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Tran, Kimberly	CC-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Tushia, Nicol	FC-A&R-Evaluator	\$13.40	\$18.74	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$17.73	\$20.13	\$23.45	\$24.48	\$24.36	\$24.94	\$24.17	\$25.11

Conclusion: Findings go forward to EFCW-2.

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.
 Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFW 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFW 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFW 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

- EFC 1 - Total number of students who enroll in the college
- EFC 2 - Total number of students who paid enrollment fees
- EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load
- EFW 6 - Total number of enrollment fee waivers requested
- EFW 7 - Total number of enrollment fee waivers granted
- EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (Mandate Coordinator)

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

*Copy - original in
04-05 resources
-SSA*

EFCW 1.8-2

**308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WORKLOAD STATISTICS REPORT**

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility:	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date: 7/18/06
 Employee Name: (print) Kashmita Vyas Position or Title: Accounting Specialist

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

EFCW 1.8-3

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date 7/18/06
Employee Name: (print) Keshmira Vyas Position or Title Accounting Specialist

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SEA

99-00 Total = 80,935 - SEA

00-01 Total = 88,893 - SEA

01-02 Total = 88,897 - SEA

02-03 Total = 83,317 - SEA

03-04 Total = 76,868 - SEA

04-05 Total = 78,803

verified - see CCCO report directly below - same

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SEA

99-00 Total = 71,133 - SEA

00-01 Total = 78,391 - SEA

01-02 Total = 78,141 - SEA

02-03 Total = 71,431 - SEA

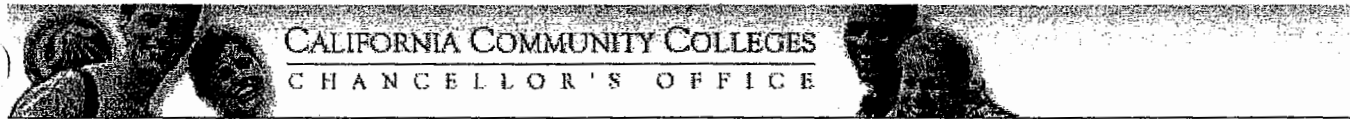
03-04 Total = 64,723 - SEA

04-05 Total = 64,582 - SEA

verified client calculated #1 - #3 correctly - SEA

California Home

Wednes



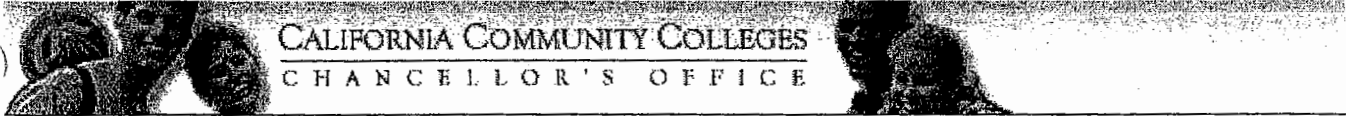
Student Demographics

**Student Total Headcount For Cypress
For 2002 Fall Semester**

Data Current As Of July 12, 2006 10:19:54

Total Headcount	14,009
------------------------	--------

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Student Demographics

**Student Total Headcount For Cypress
For 2003 Spring Semester**

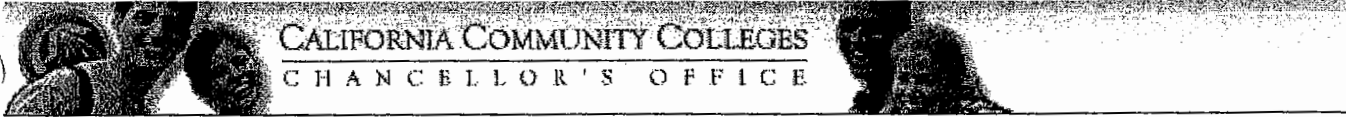
Data Current As Of July 12, 2006 10:20:05

Total Headcount	13,876
------------------------	---------------

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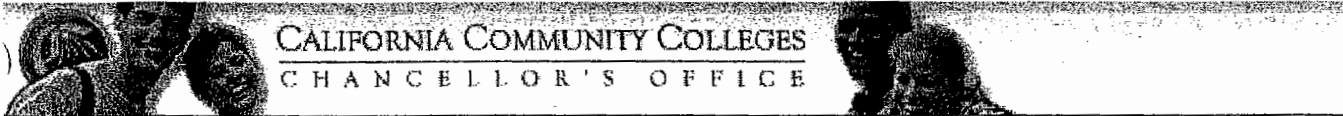
Student Demographics

**Student Total Headcount For Cypress
For 2003 Summer Term**

Data Current As Of July 12, 2006 10:20:19

Total Headcount	4,579
------------------------	--------------

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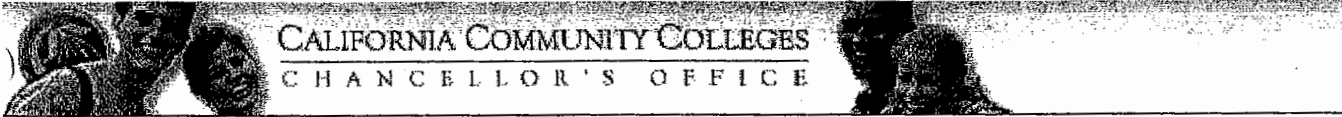
Student Demographics

**Student Total Headcount For Fullerton
For 2002 Fall Semester**

Data Current As Of July 12, 2006 10:33:24

Total Headcount	21,364
------------------------	---------------

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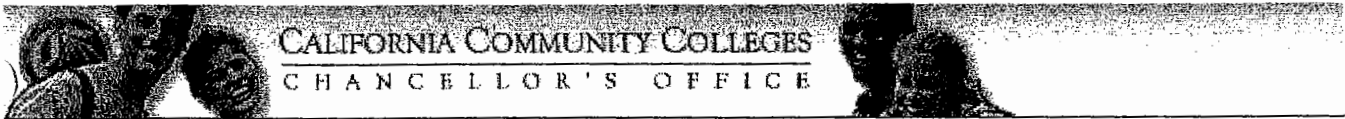
Student Demographics

**Student Total Headcount For Fullerton
For 2003 Spring Semester**

Data Current As Of July 12, 2006 10:33:37

Total Headcount	20,982
------------------------	---------------

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Student Demographics

**Student Total Headcount For Fullerton
For 2003 Summer Term**

Data Current As Of July 12, 2006 10:33:49

Total Headcount	8,507
------------------------	--------------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals
 Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

verified these #s
 are same as BOGG waivers
 per CCCO website - ~~same~~
 ↓
 See following
 2 pages - ~~same~~

98-99 - Total - 9,936 - ~~same~~
 99-00 - Total - 9,802 - ~~same~~
 00-01 - Total - 10,502 - ~~same~~
 01-02 - Total - 10,756 - ~~same~~
 02-03 - Total - 11,886 - ~~same~~
 03-04 - Total - 12,145 - ~~same~~
 04-05 - Total - 14,221 - ~~same~~

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
 Source: Banner a/o 7/6/06

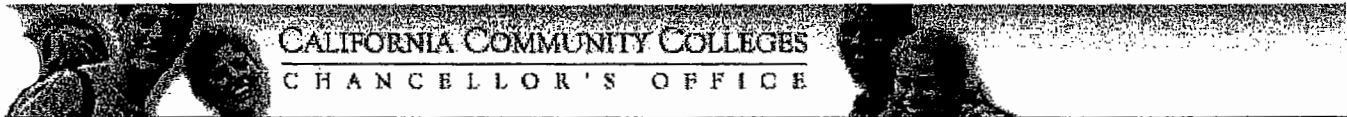
Academic Year	Cypress	Fullerton
Fall 1998		Pre-Banner Term
Spring 1999		Pre-Banner Term
Summer 1999		Pre-Banner Term
Fall 1999		Pre-Banner Term
Spring 2000		Pre-Banner Term
Summer 2000		Pre-Banner Term
Fall 2000		Pre-Banner Term
Spring 2001		Pre-Banner Term
Summer 2001		Pre-Banner Term
Fall 2001	3	4
Spring 2002	7	6
Summer 2002	22	5
Fall 2002	163	8
Spring 2003	34	11
Summer 2003	38	8
Fall 2003	200	64
Spring 2004	18	12
Summer 2004	70	13
Fall 2004	168	72
Spring 2005	66	57
Summer 2005	5	34

Broke Down into FY's the way
 client did on Page 1 of 6 for 1 - Total
 Number of Students Enrolled in College
 - ~~same~~

98-99
 99-00
 00-01
 01-02
 02-03
 03-04
 04-05
 Total 47 - ~~same~~
 Total 262 - ~~same~~
 Total 377 - ~~same~~
 Total 402 - ~~same~~

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Wednes



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2002-2003

Data Current As Of July 12, 2006 11:19:33

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	107	18,371
BOGW - Part B based on income standards	3,962	748,574
BOGW - Part C based on financial need	1,649	390,667

Total Unduplicated Count = 5,600
Total Amount = \$ 1,157,612

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Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2002-2003

Data Current As Of July 12, 2006 11:21:19

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	102	16,267
BOGW - Part B based on income standards	3,445	670,821
BOGW - Part C based on financial need	2,833	659,565

Total Unduplicated Count = 6,286
Total Amount = \$ 1,346,653

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver

Eligibility

Form: EFCW 1.8-2, #2. NOTE: Only have District Totals

Source: Banner

Term	Cypress & Fullerton Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	Total = 3,599 - ^{SAS} 01-02
Summer 2002	498	
Fall 2002	2,282	Total = 4,298 - ^{SAS} 02-03
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	Total = 4,402 - ^{SAS} 03-04
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	Total = 4,260 - ^{SAS} 04-05
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into Fy's the way client did on pg. 1 of 6 for 1- Total Number of Students Enrolled in College - SAS

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund #s are overstated - see page 60 for info - sent

Term	Cypress	Fullerton
Fall 1998	-	-
Spring 1999	-	-
Summer 1999	-	-
Fall 1999	-	-
Spring 2000	-	-
Summer 2000	-	-
Fall 2000	-	-
Spring 2001	-	-
Summer 2001	-	-
Fall 2001	26	6,748
Spring 2002	18	6,043
Summer 2002	4	2,425
Fall 2002	25	7,304
Spring 2003	2	7,524
Summer 2003	1	2,307
Fall 2003	8	6,851
Spring 2004	7	6,233
Summer 2004	64	2,204
Fall 2004	2,658	4,318
Spring 2005	2,304	4,042
Summer 2005	880	1,470

98-99 - Broke Down into FY15 the way Client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - sent

99-00

00-01

01-02

02-03

03-04

04-05

Not used - Revised #s emailed to GLO on 7-13-06 - sent see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,993	9,839
2002-03	8,205	9,478
2003-04	10,475	10,287
2004-05	10,259	11,799

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

Total 01-02 - 18,832 - sent

Total 02-03 - 17,683 - sent

Total 03-04 - 20,762 - sent

Total 04-05 - 22,058 - sent

4,899

verified these #s are same as BOG's waivers per cco website. - sent

see Comparison Sch. clients #s higher by

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,507	9,507
2002-03	7,851	8,934
2003-04	9,132	9,407
2004-05	9,764	11,042

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

*: Pre-banner Year, so used same number as #3

Total 01-02 - 18,014 - sent

Total 02-03 - 16,785 - sent

Total 03-04 - 18,539 - sent

Total 04-05 - 20,806 - sent

Opps almost this for waivers Granted / Approved Not for Requested - see Comparison sheet directly below sent

Client used CCCCO website data for these #'s. Other clients data that was provided was usually lower than this #. P/Sergio - at this late date go w/ the data supplied by client

*This is the v client has FY data broken-out -
 This is the v CCCCO website has FY data broken out*

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year. (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO
Summer													Fall 04	Summer 04
Fall													Spring 05	Fall 04
Spring													Summer 05	Spring 05
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. EFCW 1.8-3 - Ques. # 2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	
	Client used CCCO #'s		Client used CCCO #'s		Clients #'s higher		Clients #'s higher		Clients #'s higher		Clients #'s higher	

Normally we ask client - why higher? - But at this late date Sergio said to go w/ clients #'s

3. EFCW 1.8-4 - Ques. # 4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO	CCCO
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	
	Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s		Client used CCCO #'s	

These #'s good client used client website #'s - & we have usually go w/ CCCCO #'s over client #'s

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

Total 01-02 = 818 - Sch 4
Total 02-03 = 898 - Sch 8
Total 03-04 = 2,223 - Sch 8
Total 04-05 = 1,252 - Sch 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. *******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds; not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. ******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.8-4 and attachments from district office.
 Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156

This data is for comparison with CCCCO 2% calculation directly below Sch. 5A - same

1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192

(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 04-05 - unit fee				
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382
	Fall Spring			98,476	95,586	96,382	110,925
	Winter/Interssion						
	Spring Summer			15,952	13,488	17,086	18,034
	Total # of credits		288,818	204,603	207,735	208,683	239,341
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800

Summary

1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717					
1.8-4 5	Credit Units Waived		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992

Sci JJA
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1999-2000 to 2004-2005
Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)
	Offset Amount to Claim	To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52

Conclusion: If line 8 is negative, then line 6 - "Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7 - "Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2002-2003 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

DISTRICT: North Orange Count
COUNTY: Orange

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2003	JUNE PAYMENT	TOTAL PAID THRU JUNE 2003
GENERAL APPORTIONMENT	\$41,275,370	\$37,539,659	\$3,735,711	\$41,275,370
ENROLL FEE ADMIN (2%)	61,633	56,703	4,930	61,633
APPRENTICE ALLOWANCE	32,115	27,932	4,183	32,115
BASIC SKILLS	462,922	147,934	314,988	462,922
PARTNERSHIP FOR EXCEL.	8,144,793	7,692,386	452,407	8,144,793
S.F.A.A.	171,790	152,217	19,573	171,790
E.O.P.S.	1,948,846	1,730,270	218,576	1,948,846
C.A.R.E.	288,685	257,084	31,601	288,685
D.S.P.S.	1,846,216	1,634,278	211,938	1,846,216
STATE HOSPITALS	0	0	0	0
CALWORKS	581,938	505,023	76,915	581,938
MATRICULATION (CREDIT)	1,112,493	1,016,992	95,501	1,112,493
MATRIC. (NONCREDIT)	643,377	591,906	51,471	643,377
FAC. & STAFF DIVERSITY	33,608	30,920	2,688	33,608
PART-TIME FACULTY INS.	9,125	0	9,125	9,125
PART-TIME FACULTY OFFIC	736,081	0	736,081	736,081
PART TIME FACULTY ALLOC	1,751,097	1,552,025	199,072	1,751,097
INSTRUCT. EQUIP.	528,913	528,913	0	528,913
ECONOMIC DEVELOPMENT	539,710	855,507	-315,797	539,710
ECON DEV REVERSION ACT	455,058	0	455,058	455,058
TELECOMMUNICATIONS	189,130	181,002	8,128	189,130
<hr/>				
TANF	125,472	115,435	10,037	125,472
VTEA LEADERSHIP	0	0	0	0
VTEA TECHNICAL PREP.	85,025	30,504	40,917	71,421
VATEA TITLE I C	564,797	632,573	-158,144	474,429
NON TRADITIONAL	0	0	0	0
PRIOR YEAR CORRECTION	1,701,970	1,666,822	35,148	1,701,970
	=====	=====	=====	=====
TOTAL	\$63,290,164	\$56,946,085	\$6,240,107	\$63,186,192

FISCAL SERVICES:06/25/03:TT
H:\WINWORD\EX A 0203P2.DOC

EFCW 1.8-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$						
5 Number of credit units for which enrollment fees were waived.								
Summer								
Fall								
Winter/Intersession								
Spring								
TOTAL x \$0.91 per credit								

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: *K. Vegas* Date: 7/18/06
 Employee Name: (print) Kashmita Vegas Position or Title: 7/18/06

If you have any questions, please contact _____ at _____
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,866,642	3,260,641	
2002-03	1,798,244	3,317,202	
2003-04	2,655,240	4,923,768	
2004-05	3,877,667	6,847,842	

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton	
1998-99			Pre-Banner Year
1999-00			Pre-Banner Year
2000-01			Pre-Banner Year
2001-02	3,129	913,539	
2002-03	67	1,052,867	
2003-04	5,225	1,437,645	
2004-05	737,447	1,303,313	

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - <i>SFA</i>
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - <i>SFA</i>
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - <i>SFA</i>
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - <i>SFA</i>

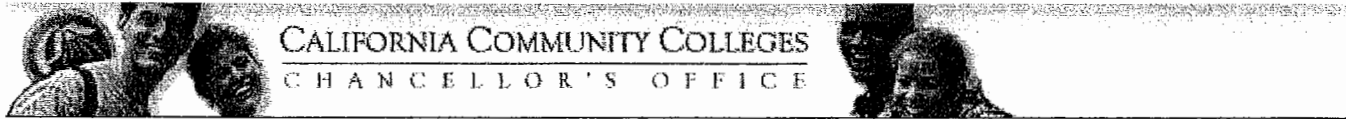
12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	98-99 Total 3,366,725 - <i>SFA</i>
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - <i>SFA</i>
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - <i>SFA</i>
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - <i>SFA</i>
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - <i>SFA</i>
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - <i>SFA</i>
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - <i>SFA</i>

- same as cccc report - see following 2 pages - SFA



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2002-2003**

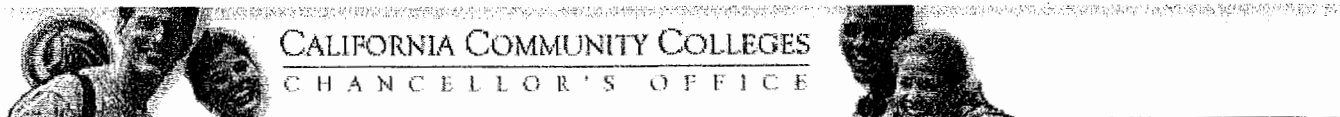
Data Current As Of July 12, 2006 11:19:33

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	107	18,371
BOGW - Part B based on income standards	3,962	748,574
BOGW - Part C based on financial need	1,649	390,667

**Total Unduplicated Count = 5,600
Total Amount = \$ 1,157,612**

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2002-2003

Data Current As Of July 12, 2006 11:21:19

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	102	16,267
BOGW - Part B based on income standards	3,445	670,821
BOGW - Part C based on financial need	2,833	659,565

Total Unduplicated Count = 6,286
Total Amount = \$ 1,346,653

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year: Cypress Fullerton

899	Fall 1998			Not Applicable for this Term per SixTen Form
	Spring 1999			Not Applicable for this Term per SixTen Form
	Summer 1999			Not Applicable for this Term per SixTen Form
	Fall 1999			Not Applicable for this Term per SixTen Form
1900	Spring 2000			Not Applicable for this Term per SixTen Form
	Summer 2000			Not Applicable for this Term per SixTen Form
	Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
20-01	Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
	Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
00-01	2000/01 Year	138,142	150,676	For this year, Annual amount calculated as Annual amount from #12 above / \$11.00 per unit for this year. 00-01 Total 288,818 - SWS
	Fall 2001	42,259	47,916	
01-02	Spring 2002	45,262	53,214	01-02 Total = 204,603 - SWS
	Summer 2002	6,949	9,003	
	Fall 2002	45,508	53,153	
02-03	Spring 2003	43,929	51,657	02-03 Total = 207,735 - SWS
	Summer 2003	5,533	7,955	
	Fall 2003	45,883	49,332	
03-04	Spring 2004	45,390	50,992	03-04 Total = 208,683 - SWS
	Summer 2004	7,140	9,946	
	Fall 2004	49,772	60,610	
04-05	Spring 2005	49,619	61,306	04-05 Total = 239,341 - SWS
	Summer 2005	7,011	11,023	

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11		
Chabot CCD	FAM-29C	34.57	38.76	39.36	42.24	39.41	35.87	34.89	34.69	
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58		
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
College of the Sequoias CCD	FAM-29C	48.43	45.68	41.58	38.40	31.24	29.83	31.91	35.36	
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22		
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Hartnell CCD	FAM-29C	52.81	49.16	46.72	42.33	35.08	34.74	36.34		
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89		
Los Rios CCD	FED rate								30.0	30.0
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33		
Marjorie Peninsular CCD	FAM-29C					34.91	38.94	43.85		
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	39.00
Palomar CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	
Palo Verde CCD	FAM-29C	47.29	41.20	43.03	39.17	63.70	53.57	45.81	39.76	
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Redwoods CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	
Mt. San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94		
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91		
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90		
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80		
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	
Yuba CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88		

* ICR taken from previously filed claims

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
ALONZO, ROSE	ACCOUNTING TECHNICIAN	CL	44,196.00		15,007.70	59,203.70	1800	32.89
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	83,620.00		19,221.58	102,841.58	1800	57.13
ANDREWS, KAY	DIVISION DEAN	CE	88,610.00		17,677.00	106,287.00	1800	59.05
AYON, VIOLET	EXEC. ADM. AIDE	CL	77,593.00		20,206.08	97,799.08	1800	54.33
BARROW, LINDA	PERSONNEL SPEC	CL/CONFIDENTIAL	53,772.84		17,628.23	71,401.07	1800	39.67
BEELER, RON	DIST DIR-FACILITY	CL	99,280.00	*	18,949.66	118,229.66	1800	65.68
BEERS, SUSAN	DIVISION DEAN	CE	107,247.00		21,501.21	128,748.21	1800	71.53
BELOZ, GEORGE	DIR CAMPUS DIVERSITY	CE	100,280.00		16,530.70	116,810.70	1800	64.89
BENNETT, BARBARA	INSTRUCTOR	CE	70,444.00		17,664.18	88,108.18	1800	48.95
BETTENDORF, PAM	OFFICE MANAGER	CL	52,418.04		16,624.48	69,042.52	1800	38.36
BLACKLEY, TERRY	DIVISION DEAN	CE	105,447.00		21,314.55	126,761.55	1800	70.42
BOYD-DAILEY, NANCY	PERSONNEL SPEC	CONFIDENTIAL	40,167.96		17,392.03	57,559.99	1800	31.98
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	50,291.00		16,206.22	66,497.22	1800	36.94
BROWN, ALLEN	DIVISION DEAN	CE	107,247.00		21,501.21	128,748.21	1800	71.53
BURCHFIELD, JERRY	INSTRUCTOR	CE	76,632.00		14,195.46	90,827.46	1800	50.46
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	111,891.00		20,663.00	132,554.00	1800	73.64
BURNS, MICHAEL	DIVISION DEAN	CE	104,647.00		21,231.59	125,878.59	1800	69.93
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID CL	94,496.00	*	17,168.47	111,664.47	1800	62.04
CANT, KAREN	DIRECTOR BUDGET/FINANCE	CL	96,752.00	*	16,260.55	113,012.55	1800	62.78
CARRITHERS, JOE	INSTRUCTOR	CE	66,321.00		14,000.44	80,321.44	1800	44.62
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	42,192.00		14,701.05	56,893.05	1800	31.61
COURCHAIINE, JEFFREY	INSTRUCTOR	CE	70,444.00		14,487.78	84,931.78	1800	47.18
CRAIG, DALE	INSTRUCTOR	CE	66,321.00		17,176.84	83,497.84	1800	46.39
COTTER, SANDRA	EXECUTIVE SECRETARY	CONFIDENTIAL	49,971.96		13,899.79	63,871.75	1800	35.48
COTTER, SANDRA	EXECUTIVE SECRETARY	CONFIDENTIAL	51,123.96		14,126.32	65,250.28	1800	36.25
CUSAAC, JOHNNIE	INSTRUCTOR	CE	68,383.00		14,244.17	82,627.17	1800	45.90
DONLEY, STEVEN	MANAGER	CE	107,247.00		20,335.24	127,582.24	1800	70.88
DOOLEY, GEORGE	COUNSELOR	CE	91,336.00		15,632.84	106,968.84	1800	59.43
DUNCAN, STEVE	MANAGER	CL	100,623.00	*	19,491.81	120,114.81	1800	66.73
EICHERS, RICHARD	INSTRUCTOR	CE	64,258.00		16,933.00	81,191.00	1800	45.11
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	61,680.00		18,190.86	79,870.86	1800	44.37
EGGERS, GOLDIE	LIBRARIAN	CE	80,756.00		14,535.70	95,291.70	1800	52.94

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SIX TEN & ASSOC.

07/01-3/30
04/01/6/30

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
FLEEMAN, RODNEY	V CHANCELLOR FINANCE/FA	CE	150,071.00		26,889.29	176,960.29	1800	98.31
FLORES-CHURCH, ADRIANNA	MANAGER	CL	51,673.00		14,202.51	65,875.51	1800	36.60
FOY, TAMI	DIST MANG INST RSRCS	CL	64,146.00		15,385.31	79,531.31	1800	44.18
FISHMAN, DARLENE	DIRECTOR NURSING	CE	88,832.00		16,415.18	105,247.18	1800	58.47
FRANKS, JOE	INSTRUCTOR	CE	74,570.00		17,070.61	91,640.61	1800	50.91
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFA	CL	83,707.00		17,862.51	101,569.51	1800	56.43
GOMBER, LISA	ADM. SEC. II	CL	53,118.12		15,693.13	68,811.25	1800	38.23
GUYTON, JEAN	MANAGER APPLICATION SUP	CL	101,201.00	*	19,073.83	120,274.83	1800	66.82
HANNON, ANDREA	DIRECTOR/NURSING/DIR HE	CE	104,647.00		21,231.59	125,878.59	1800	69.93
HARTER, RENIE	MANAGER CAMPUS ACCOUN	CL	78,844.00		20,364.50	99,208.50	1800	55.12
HEBSON CHRIS	COMPUTING ANALYST	CL	61,840.08		21,653.63	83,493.71	1800	46.39
HASTINGS, LORI	COORDINATOR ESL	CE	77,393.00		15,099.67	92,492.67	1800	51.38
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	104,647.00	*	22,472.98	127,119.98	1800	70.62
HENDERSON, WILFOR	SAFETY SPECIALIST	CL	50,012.16		17,639.87	67,652.03	1800	37.58
HENRY, DIANE	DIVISION DEAN	CE	104,647.00		21,231.59	125,878.59	1800	69.93
HERRERA, ALEX	INSTRUCTOR	CE	64,258.00		13,756.60	78,014.60	1800	43.34
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	CL	35,078.04		13,301.17	48,379.21	1800	26.88
HITCHMAN, LEEANN	INSTRUCTOR	CE	62,197.00		13,968.33	76,165.33	1800	42.31
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN R	CE	150,071.00	**	24,713.26	174,784.26	1800	97.10
HUNTER, JEROME	CHANCELLOR	CE	194,546.00		36,301.30	230,847.30	1800	128.25
JAY, PAULA	ADM. SEC.	CL	44,908.08		18,315.14	63,223.22	1800	35.12
KADRI, MARY	INSTRUCTION OFFICE ASSI	CL	50,186.04		18,263.78	68,449.82	1800	38.03
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	CE	118,557.00	**	24,034.26	142,591.26	1800	79.22
LATIEF, LINA	ACCOUNTING TECHNICIAN	CE	42,506.04		17,851.79	60,357.83	1800	33.53
LEE, PAT	PAYROLL MANAGER	CL	70,258.00		19,277.17	89,535.17	1800	49.74
LEWIS, MARGORIE	PRESIDENT	CE	150,071.00	**	30,065.69	180,136.69	1800	100.08
LEYSON, ELIZABETH	DIVISION DEAN	CE	104,647.00		22,748.98	127,395.98	1800	70.78
LUSCH, ROD	WELDER	CL	57,144.00		17,573.84	74,717.84	1800	41.51
MELELLA, LAURA	INSTRUCTOR	CE	68,383.00		16,019.51	84,402.51	1800	46.89
MERCANDANTE, LARR	DIVISION DEAN	CL	104,647.00		21,231.59	125,878.59	1800	69.93
MCCLLOUD, EDWARD	INSTRUCTOR	CE	70,444.00		14,517.78	84,961.78	1800	47.20
MCGUIRE, GARY	PROVOST	CE	143,760.00	**	29,200.75	172,960.75	1800	96.09

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	84,507.00	*	17,994.73	102,501.73	1800	56.95
MONTANO, DIANE	MANAGER CHILD CARE	CL	60,080.00		14,899.25	74,979.25	1800	41.66
MOORE, MIKE	INSTRUCTOR	CE	78,692.00		18,639.09	97,331.09	1800	54.07
MOORE, SALLY	INSTRUCTOR	CE PAID CL	66,321.00		22,379.06	88,700.06	1800	49.28
NADELL, ROBERT	DEAN COUNSELING/STUDEN	CE	105,447.00		18,138.15	123,585.15	1800	68.66
NELSON, JANICE	ACCOUNTING TECHNICIAN	CL	49,662.12		16,102.60	65,764.72	1800	36.54
NICCOLAI, NILO	DIRECTOR ACAD. COMP TEC	CE	102,601.00		22,507.14	125,108.14	1800	69.50
NOVISOFF, ANNA	OFFICE MANAGER	CL	36,969.60		14,042.04	51,011.64	1800	28.34
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	105,047.00	*	19,409.86	124,456.86	1800	69.14
PALMER, SANDRA	EXEC. SEC III	CL/CONFIDENTIAL	51,144.00		16,453.64	67,597.64	1800	37.55
PEREZ, JENNIFER	ADMINISTRATOR ASSISTANT	CL	47,860.92		17,389.71	65,250.63	1800	36.25
PEREZ, RICK	COUN/STDET DEV DEAN	CE	103,223.00		16,878.56	120,101.56	1800	66.72
PFEIFFER, JODY	SECRETARY	CL	37,332.00		5,690.29	43,022.29	1800	23.90
PARISI, TOM	DEAN INSTRUCTION ADULT	CE	104,647.00		22,748.98	127,395.98	1800	70.78
PHILLIPS, JIM	INSTRUCTOR	CE	85,683.00		19,465.43	105,148.43	1800	58.42
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	CE	111,891.00		18,806.40	130,697.40	1800	72.61
POSNER, MARC	ADMINISTRATIVE ASSISTANT	CL	49,774.00		16,683.08	66,457.08	1800	36.92
RAMIREZ, JORGE	DEAN STDT SERVICES	CE	89,448.00		18,231.39	107,679.39	1800	59.82
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	107,247.00	*	22,641.05	129,888.05	1800	72.16
RAUBOLT, JACK	DIST DIRECTOR INFORMATIO	CL	108,570.00	*	19,550.16	128,120.16	1800	71.18
REHA, DELORES	INSTRUCTOR	CE	80,756.00		17,368.00	98,124.00	1800	54.51
RODGERS, CAROLANN	INSTRUCTOR	CE PAID CL	80,756.00		22,196.86	102,952.86	1800	57.20
ST JOHN, PAUL	INSTRUCTOR	CE	68,383.00		17,420.57	65,344.00	1800	36.30
SANBORN, JACKIE	DIVISION OFFICE MANAGER	CL	55,376.16		17,206.17	72,582.33	1800	40.32
SCHULTZ, GREG	COORDINATOR ADMINISTRA	CL	69,244.00		16,427.70	85,671.70	1800	47.60
SIMPSON, BOB	DIVISION DEAN	CE	107,247.00		19,810.41	127,057.41	1800	70.59
SMEAD, RICHARD	INSTRUCTOR	CE	66,321.00		17,176.84	83,497.84	1800	46.39
SMITH, FRANK	DIRECTOR ACAD. COMP TEC	CE	85,482.00		17,307.27	102,789.27	1800	57.11
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	CL	53,356.00		13,960.26	67,316.26	1800	37.40
SPENCER, NORA	INSTRUCTOR	CE	64,258.00		11,230.90	75,488.90	1800	41.94
SPENCER, PAT	EXECUTIVE VICE PRESIDENT	CE	118,557.00	**	20,916.42	139,473.42	1800	77.49
SOTO, ABEL	REC-ADM TECHNICIAN	CL	49,896.00		16,215.97	66,111.97	1800	36.73

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
TAYLOR, CHRIS	COMPUTING ANALYST	CL	63,593.16		16,296.26	79,889.42	1800	44.38
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	104,647.00		18,510.53	123,157.53	1800	68.42
TESAR, DAN	DIVISION DEAN	CL	104,647.00		20,027.92	124,674.92	1800	69.26
THOMAS, CONNIE	EXEC. SEC III	CL/CONFIDENTI	57,855.84		21,152.17	79,008.01	1800	43.89
TYRRELL, DONALD	COUNSELOR	CE	89,063.00		19,864.95	108,927.95	1800	60.52
VIERA, MICHAEL	PRESIDENT	CE	147,299.00	**	24,035.94	171,334.94	1800	95.19
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERS	CE	80,284.00		16,692.87	96,976.87	1800	53.88
WICKS, LORRAINE	COORDINATOR SENIOR PRO	CE	84,907.00		20,415.71	105,322.71	1800	58.51
WALLACE, TOM	MANAGER TECHNICAL SUPP	CL	100,001.00	*	18,996.26	118,997.26	1800	66.11
WILSON, MARCUS	INSTRUCTOR	CE	77,437.00		15,925.39	93,362.39	1800	51.87
WHITEHURST, DOROT	DISTRICT DIRECTOR PURCH	CL	93,838.00	*	18,597.89	112,435.89	1800	62.46
WICKS, LORRAINE	COORDINATOR SENIOR PRO	CE	84,907.00		19,184.56	104,091.56	1800	57.83
ZANDY, BEN	INSTRUCTOR	CE	82,818.00		15,360.57	98,178.57	1800	54.54
WASSENAAR, DAVE	DEAN ADMISSION/RECORDS	CE	104,647.00		22,748.98	127,395.98	1800	70.78
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL	CL	106,247.00	*	19,458.57	125,705.57	1800	69.84

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$84900 (1/1/02)
Wage Base \$87000 (1/1/03)
Used average of \$85950
If Annual Salary of employee covered by Social Security over \$85950-Multiply 6.2% times excess
and deducted this amount from total benefits

PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

8/8/03

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
ALONZO, ROSE	ACCOUNTING TECHNICIAN	CL	44,196.00		15,007.70	59,203.70	1800	32.89
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	83,620.00		19,221.58	102,841.58	1800	57.13
ANDREWS, KAY	DIVISION DEAN	CE	88,610.00		17,677.00	106,287.00	1800	59.05
AYON, VIOLET	EXEC. ADM. AIDE	CL	77,593.00		20,206.08	97,799.08	1800	54.33
BARROW, LINDA	PERSONNEL SPEC	CONFIDEN	53,772.84		17,628.23	71,401.07	1800	39.67
BEELEER, RON	DIST DIR-FACILITY	CL	99,280.00	*	18,949.66	118,229.66	1800	65.68
BEERS, SUSAN	DIVISION DEAN	CE	107,247.00		21,501.21	128,748.21	1800	71.53
BELOZ, GEORGE	DIR CAMPUS DIVERSITY	CE	100,280.00		16,530.70	116,810.70	1800	64.89
BENNETT, BARBARA	INSTRUCTOR	CE	70,444.00		17,664.18	88,108.18	1800	48.95
BETTENDORF, PAM	OFFICE MANAGER	CL	52,418.04		16,624.48	69,042.52	1800	38.36
BLACKLEY, TERRY	DIVISION DEAN	CE	105,447.00		21,314.55	126,761.55	1800	70.42
BOYD-DAILEY, NANCY	PERSONNEL SPEC	CONFIDENTI	40,167.96		17,392.03	57,559.99	1800	31.98
BRANDES, RAEANE	ACCOUNTING TECHNICIAN	CL	50,291.00		16,206.22	66,497.22	1800	36.94
BROWN, ALLEN	DIVISION DEAN	CE	107,247.00		21,501.21	128,748.21	1800	71.53
BURCHFIELD, JERRY	INSTRUCTOR	CE	76,632.00		14,195.46	90,827.46	1800	50.46
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	111,891.00		20,663.00	132,554.00	1800	73.64
BURNS, MICHAEL	DIVISION DEAN	CE	104,647.00		21,231.59	125,878.59	1800	69.93
CALHOUN, FRED	DEAN STDT SUPP SVCS	CE PAID C	94,496.00	*	17,168.47	111,664.47	1800	62.04
CANT, KAREN	DIRECTOR BUDGET/FINANC	CL	96,752.00	*	16,260.55	113,012.55	1800	62.78
CARRITHERS, JOE	INSTRUCTOR	CE	66,321.00		14,000.44	80,321.44	1800	44.62
CHAMBERS, TERRY	PAYROLL TECHNICIAN	CL	42,192.00		14,701.05	56,893.05	1800	31.61
COURCHAINE, JEFFRE	INSTRUCTOR	CE	70,444.00		14,487.78	84,931.78	1800	47.18
CRAIG, DALE	INSTRUCTOR	CE	66,321.00		17,176.84	83,497.84	1800	46.39
CUSAAC, JOHNNIE	INSTRUCTOR	CE	68,383.00		14,244.17	82,627.17	1800	45.90
DONLEY, STEVEN	MANAGER	CE	107,247.00		20,335.24	127,582.24	1800	70.88
DOOLEY, GEORGE	COUNSELOR	CE	91,336.00		15,632.84	106,968.84	1800	59.43
DUNCAN, STEVE	MANAGER	CL	100,623.00	*	19,491.81	120,114.81	1800	66.73
EICHERS, RICHARD	INSTRUCTOR	CE	64,258.00		16,933.00	81,191.00	1800	45.11
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	61,680.00		18,190.86	79,870.86	1800	44.37
EGGERS, GOLDIE	LIBRARIAN	CE	80,756.00		14,535.70	95,291.70	1800	52.94
FLEEMAN, RODNEY	V CHANCELLOR FINANCE/F	CE	150,071.00		26,889.29	176,960.29	1800	98.31
FLORES-CHURCH, ADRIANNA	MANAGER	CL	51,673.00		14,202.51	65,875.51	1800	36.60

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
FOY, TAMI	DIST MANG INST RSRCS	CL	64,146.00		15,385.31	79,531.31	1800	44.18
FISHMAN, DARLENE	DIRECTOR NURSING	CE	88,832.00		16,415.18	105,247.18	1800	58.47
FRANKS, JOE	INSTRUCTOR	CE	74,570.00		17,070.61	91,640.61	1800	50.91
GABEL, ANN-MARIE	COORDINATOR FISCAL AFF	CL	83,707.00		17,862.51	101,569.51	1800	56.43
GOMBER, LISA	ADM. SEC. II	CL	53,118.12		15,693.13	68,811.25	1800	38.23
GUYTON, JEAN	MANAGER APPLICATION SU	CL	101,201.00	*	19,073.83	120,274.83	1800	66.82
HANNON, ANDREA	DIRECTOR/NURSING/DIR HE	CE	104,647.00		21,231.59	125,878.59	1800	69.93
HARTER, RENIE	MANAGER CAMPUS ACCOU	CL	78,844.00		20,364.50	99,208.50	1800	55.12
HEBSON CHRIS	COMPUTING ANALYST	CL	61,840.08		21,653.63	83,493.71	1800	46.39
HASTINGS, LORI	COORDINATOR ESL	CE	77,393.00		15,099.67	92,492.67	1800	51.38
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	104,647.00	*	22,472.98	127,119.98	1800	70.62
HENDERSON, WILFOR	SAFETY SPECIALIST	CL	50,012.16		17,639.87	67,652.03	1800	37.58
HENRY, DIANE	DIVISION DEAN	CE	104,647.00		21,231.59	125,878.59	1800	69.93
HERRERA, ALEX	INSTRUCTOR	CE	64,258.00		13,756.60	78,014.60	1800	43.34
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	CL	35,078.04		13,301.17	48,379.21	1800	26.88
HITCHMAN, LEEANN	INSTRUCTOR	CE	62,197.00		13,968.33	76,165.33	1800	42.31
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN	CE	150,071.00	**	24,713.26	174,784.26	1800	97.10
HUNTER, JEROME	CHANCELLOR	CE	194,546.00		36,301.30	230,847.30	1800	128.25
JAY, PAULA	ADM. SEC.	CL	44,908.08		18,315.14	63,223.22	1800	35.12
KADRI, MARY	INSTRUCTION OFFICE ASS	CL	50,186.04		18,263.78	68,449.82	1800	38.03
KASLER, MIKE	EXECUTIVE VICE PRESIDEN	CE	118,557.00	**	24,034.26	142,591.26	1800	79.22
LATIEF, LINA	ACCOUNTING TECHNICIAN	CE	42,506.04		17,851.79	60,357.83	1800	33.53
LEE, PAT	PAYROLL MANAGER	CL	70,258.00		19,277.17	89,535.17	1800	49.74
LEWIS, MARGORIE	PRESIDENT	CE	150,071.00	**	30,065.69	180,136.69	1800	100.08
LEYSON, ELIZABETH	DIVISION DEAN	CE	104,647.00		22,748.98	127,395.98	1800	70.78
LUSCH, ROD	WELDER	CL	57,144.00		17,573.84	74,717.84	1800	41.51
MELELLA, LAURA	INSTRUCTOR	CE	68,383.00		16,019.51	84,402.51	1800	46.89
MERCANDANTE, LARR	DIVISION DEAN	CL	104,647.00		21,231.59	125,878.59	1800	69.93
MCCLOUD, EDWARD	INSTRUCTOR	CE	70,444.00		14,517.78	84,961.78	1800	47.20
MCGUIRE, GARY	PROVOST	CE	143,760.00	**	29,200.75	172,960.75	1800	96.09
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	84,507.00	*	17,994.73	102,501.73	1800	56.95
MONTANO, DIANE	MANAGER CHILD CARE	CL	60,080.00		14,899.25	74,979.25	1800	41.66

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
MOORE, MIKE	INSTRUCTOR	CE	78,692.00		18,639.09	97,331.09	1800	54.07
MOORE, SALLY	INSTRUCTOR	CE PAID C	66,321.00		22,379.06	88,700.06	1800	49.28
NADELL, ROBERT	DEAN COUNSELING/STUDENT	CE	105,447.00		18,138.15	123,585.15	1800	68.66
NELSON, JANICE	ACCOUNTING TECHNICIAN	CL	49,662.12		16,102.60	65,764.72	1800	36.54
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECH	CE	102,601.00		22,507.14	125,108.14	1800	69.50
NOVISOFF, ANNA	OFFICE MANAGER	CL	36,969.60		14,042.04	51,011.64	1800	28.34
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	105,047.00	*	19,409.86	124,456.86	1800	69.14
PALMER, SANDRA	EXEC. SEC III	CONFIDENT	51,144.00		16,453.64	67,597.64	1800	37.55
PEREZ, JENNIFER	ADMINISTRATOR ASSISTANT	CL	47,860.92		17,389.71	65,250.63	1800	36.25
PEREZ, RICK	COUN/STUDENT DEV DEAN	CE	103,223.00		16,878.56	120,101.56	1800	66.72
PFEIFFER, JODY	SECRETARY	CL	37,332.00		5,690.29	43,022.29	1800	23.90
PARISI, TOM	DEAN INSTRUCTION ADULT	CE	104,647.00		22,748.98	127,395.98	1800	70.78
PHILLIPS, JIM	INSTRUCTOR	CE	85,683.00		19,465.43	105,148.43	1800	58.42
PORTOLAN, JANET	VP EDUC SUPPORT/PLANNING	CE	111,891.00		18,806.40	130,697.40	1800	72.61
POSNER, MARC	ADMINISTRATIVE ASSISTANT	CL	49,774.00		16,683.08	66,457.08	1800	36.92
RAMIREZ, JORGE	DEAN STDT SERVICES	CE	89,448.00		18,231.39	107,679.39	1800	59.82
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID C	107,247.00	*	22,641.05	129,888.05	1800	72.16
RAUBOLT, JACK	DIST DIRECTOR INFORMATION	CL	108,570.00	*	19,550.16	128,120.16	1800	71.18
REHA, DELORES	INSTRUCTOR	CE	80,756.00		17,368.00	98,124.00	1800	54.51
RODGERS, CAROLANN	INSTRUCTOR	CE PAID C	80,756.00		22,196.86	102,952.86	1800	57.20
ST JOHN, PAUL	INSTRUCTOR	CE	68,383.00		17,420.57	65,344.00	1800	36.30
SANBORN, JACKIE	DIVISION OFFICE MANAGER	CL	55,376.16		17,206.17	72,582.33	1800	40.32
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE	CL	69,244.00		16,427.70	85,671.70	1800	47.60
SIMPSON, BOB	DIVISION DEAN	CE	107,247.00		19,810.41	127,057.41	1800	70.59
SMEAD, RICHARD	INSTRUCTOR	CE	66,321.00		17,176.84	83,497.84	1800	46.39
SMITH, FRANK	DIRECTOR ACAD. COMP TECH	CE	85,482.00		17,307.27	102,789.27	1800	57.11
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	CL	53,356.00		13,960.26	67,316.26	1800	37.40
SPENCER, NORA	INSTRUCTOR	CE	64,258.00		11,230.90	75,488.90	1800	41.94
SPENCER, PAT	EXECUTIVE VICE PRESIDENT	CE	118,557.00	**	20,916.42	139,473.42	1800	77.49
SOTO, ABEL	REC-ADM TECHNICIAN	CL	49,896.00		16,215.97	66,111.97	1800	36.73
TAYLOR, CHRIS	COMPUTING ANALYST	CL	63,593.16		16,296.26	79,889.42	1800	44.38
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	104,647.00		18,510.53	123,157.53	1800	68.42

**PRODUCTIVE HOURLY RATE COMPUTATION
2002-2003
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY		TOTAL BENEFITS	ANNUAL COMPENSATIO	ANNUAL HOURS	HOURLY RATE
TESAR, DAN	DIVISION DEAN	CL	104,647.00		20,027.92	124,674.92	1800	69.26
THOMAS, CONNIE	EXEC. SEC III	CL/CONF	57,855.84		21,152.17	79,008.01	1800	43.89
TYRRELL, DONALD	COUNSELOR	CE	89,063.00		19,864.95	108,927.95	1800	60.52
VIERA, MICHAEL	PRESIDENT	CE	147,299.00	**	24,035.94	171,334.94	1800	95.19
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERS	CE	80,284.00		16,692.87	96,976.87	1800	53.88
WICKS, LORRAINE	COORDINATOR SENIOR PRO	CE	84,907.00		20,415.71	105,322.71	1800	58.51
WALLACE, TOM	MANAGER TECHNICAL SUPP	CL	100,001.00	*	18,996.26	118,997.26	1800	66.11
WILSON, MARCUS	INSTRUCTOR	CE	77,437.00		15,925.39	93,362.39	1800	51.87
WHITEHURST, DOROT	DISTRICT DIRECTOR PURCH	CL	93,838.00	*	18,597.89	112,435.89	1800	62.46
WICKS, LORRAINE	COORDINATOR SENIOR PRO	CE	84,907.00		19,184.56	104,091.56	1800	57.83
ZANDY, BEN	INSTRUCTOR	CE	82,818.00		15,360.57	98,178.57	1800	54.54
WASSENAAR, DAVE	DEAN ADMISSION/RECORDS	CE	104,647.00		22,748.98	127,395.98	1800	70.78
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL	CL	106,247.00	*	19,458.57	125,705.57	1800	69.84

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$84900 (1/1/02)
Wage Base \$87000 (1/1/03)
Used average of \$85950
If Annual Salary of employee covered by Social Security over \$85950-Multiply 6.2% times excess and deducted this amount from total benefits

SixTen and Associates Mandate Reimbursement Services

WILLIAM B. PETERSEN, MPA, JD, President
252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

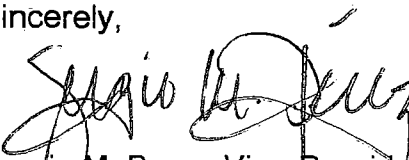
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

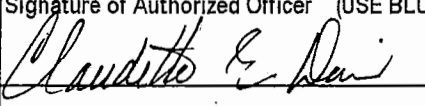
Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS			For State Controller Use Only	Program 267
(01) Claimant Identification Number: CC30105			(19) Program Number 00267	
(02) Claimant Name North Orange County Community College District			(20) Date Filed <u> </u> / <u> </u> / <u> </u>	
County of Location Orange			(21) LRS Input <u> </u> / <u> </u> / <u> </u>	
Street Address or P.O. Box 1830 W. Romneya Drive			(22) EFCW-1, (04)(A)(1)(a)(f)	54
City Anaheim			(23) EFCW-1, (04)(A)(1)(b)(f)	3,051
State CA			(24) EFCW-1, (04)(A)(2)(a)(f)	677,052
Zip Code 92801-1819			(25) EFCW-1, (04)(B)(1)(a)(f)	
Type of Claim	Estimated Claim	Reimbursement Claim	EFCW Code	Amount
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) EFCW-1, (04)(B)(1)(b)(f)	306
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)	326,672
			(29) EFCW-1, (04)(B)(2)(c)(f)	2,758
Fiscal Year of cost	(06)	(12) 2003-2004	(30) EFCW-1, (06)	39
Total Claimed Amount	(07)	(13) \$ 1,070,896	(31) EFCW-1, (07)	393,859
Less : 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09)	66,553
Less : Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10)	266,303
Net Claimed Amount		(16) \$ 1,070,896	(34)	
Due from State	(08)	(17) \$ 1,070,896	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer (USE BLUE INK)			Date	
			7/27/06	
Claudette Dain			District Director, Fiscal Affairs	
Type or Print Name			Title	
(38) Name of Contact Person for Claim				
SixTen and Associates			Telephone Number: (858) 514-8605	
			E-mail Address: kbpsixten@aol.com	

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only: (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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(01) Claimant Identification Number: CC30105 (02) Claimant Name: North Orange County Community College District County of Location: Orange Street Address or P.O. Box: 1830 W. Romneya Drive City: Anaheim State: CA Zip Code: 92801-1819	Reimbursement Claim Data																
	(22) EFCW-1, (04)(A)(1)(a)(f) 54																
	(23) EFCW-1, (04)(A)(1)(b)(f) 3,051																
	(24) EFCW-1, (04)(A)(2)(a)(f) 677,052																
	(25) EFCW-1, (04)(B)(1)(a)(f) 																
	(26) EFCW-1, (04)(B)(1)(b)(f) 306																
	(27) EFCW-1, (04)(B)(2)(a)(f) 																
	(28) EFCW-1, (04)(B)(2)(b)(f) 326,672																
	(29) EFCW-1, (04)(B)(2)(c)(f) 2,758																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Type of Claim</th> <th style="width:20%;">Estimated Claim</th> <th style="width:20%;">Reimbursement Claim</th> <th style="width:40%;"></th> </tr> </thead> <tbody> <tr> <td>(03) Estimated</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(09) Reimbursement</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>(04) Combined</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(10) Combined</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(05) Amended</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(11) Amended</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Type of Claim	Estimated Claim	Reimbursement Claim		(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	
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The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Claudette E. Dain 7/27/06

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

(38) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

Program 57	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a. Preparing district policies & procedures for § IV.A.	\$ 54.49	\$ -	\$ -	\$ -	\$ -	\$ 54.49
b. Staff training (One time per employee)	\$ 3,051.44	\$ -	\$ -	\$ -	\$ -	\$ 3,051.44

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a. Calculating and collecting enrollment fees	\$ 677,052.30	\$ -	\$ -	\$ -	\$ -	\$ 677,052.30

B. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 306.40	\$ -	\$ -	\$ -	\$ -	\$ 306.40

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 326,671.60	\$ -	\$ -	\$ -	\$ -	\$ 326,671.60
c. Reporting BOG fee waiver data to CCC	\$ 2,757.60	\$ -	\$ -	\$ -	\$ -	\$ 2,757.60
(05) Total Direct Costs	\$ 1,009,893.83	\$ -	\$ -	\$ -	\$ -	\$ 1,009,893.83

Indirect Costs						
(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]					39.00%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]					\$ 393,858.59
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]					\$ 1,403,752.42

Cost Reduction						
(09) Less: Enrollment Fee Revenue offset						\$ 66,553.00
(10) Enrollment Fee Waiver offsets						\$ 266,303.00
(11) Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]					\$ 1,070,896.42

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2003-2004
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$54.49	1.0	\$ 54.49				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 54.49	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2003-2004
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$54.49	56.0	\$ 3,051.44				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 3,051.44	\$ -	\$ -	\$ -	\$ -
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MANDATED COSTS
ENROLLMENT FEE COLLECTION AND WAIVERS
ACTIVITY COST DETAIL

Program
267

FORM
 EFCW-2

1) Claimant
 Orange County Community College District

(02) Fiscal Year

2003-2004

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities

- Prepare District Policies & Procedures for § IV. A.
- Staff Training (One Time per Employee)

A. 2. Enrollment Fee Collection: Ongoing Activity

- Calculating and Collecting Enrollment Fees

B. 1. Enrollment Fee Waiver: One-Time Activities

- Prepare District Policies & Procedures for § IV. B.
- Staff Training (One Time per Employee)

B. 2. Enrollment Fee Waiver: Ongoing Activities

- Adopting Procedures, Recording, and Maintaining Records
- Waiving Student Fees
- Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various staff I Collecting fees	\$24.45	6,918.1	\$ 169,147.55				
Calculating total enrollment fee to be collected Various staff I Collecting fees	\$24.45	5,609.3	\$ 137,147.39				
Answering student's questions regarding enrollment fee collection Various staff I Collecting fees	\$24.45	7,430.6	\$ 181,678.17				
Maintaining written and computer records for enrollment fee information Various staff I Collecting fees	\$24.45	7,302.5	\$ 178,546.13				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Various staff I Collecting fees	\$24.45	34.6	\$ 845.97				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Various staff I Collecting fees	\$24.45	396.2	\$ 9,687.09				

(05) Total Subtotal Page 1 of 1 \$ 677,052.30 \$ - \$ - \$ - \$ -

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year 2003-2004
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(03) Reimbursable Activities: Check only **one** box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$38.30	8.0	\$ 306.40				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 306.40	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant In Orange County Community College District	(02) Fiscal Year 2003-2004
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input checked="" type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Various staff II Waiving enrollment fees	\$24.94	1,937.8	\$ 48,328.73				
Receiving waiver applications Various staff II Waiving enrollment fees	\$24.94	2,906.7	\$ 72,493.10				
Evaluating waiver applications and verifying application documents Various staff II Waiving enrollment fees	\$24.94	3,494.9	\$ 87,162.81				
Verifying students of additional documentation requirements and how to obtain information Various staff II Waiving enrollment fees	\$24.94	366.8	\$ 9,147.99				
Entering approved application information into district records; providing student award letter Various staff II Waiving enrollment fees	\$24.94	3,862.3	\$ 96,325.76				
In case of denied applications, reviewing and evaluating information if denial is appealed by student Various staff II Waiving enrollment fees	\$24.94	529.8	\$ 13,213.21				
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/>			\$ 326,671.60	\$ -	\$ -	\$ -	\$ -

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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1) Claimant In Orange County Community College District	(02) Fiscal Year <div style="text-align: right;">2003-2004</div>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$38.30	72.0	\$ 2,757.60				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 2,757.60	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT FEE COLLECTIONS/WAIVERS
 2003-2004
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
03-04	1.00	Harter, Renie	Bursar	\$54.49	\$54.49	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
03-04	56.00	Harter, Renie	Bursar	\$54.49	\$3,051.44	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	57.00	Harter, Renie Total			\$3,105.93		
03-04	8.00	Larson, Nancy	Coordinator	\$38.30	\$306.40	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
03-04	72.00	Larson, Nancy	Coordinator	\$38.30	\$2,757.60	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$3,064.00		
03-04	6,918.10	Various staff I	Collecting fees	\$24.45	\$169,147.55	Referencing student accounts and records	Calculating and collecting enrollment fees
03-04	5,609.30	Various staff I	Collecting fees	\$24.45	\$137,147.39	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
03-04	7,430.60	Various staff I	Collecting fees	\$24.45	\$181,678.17	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
03-04	7,302.50	Various staff I	Collecting fees	\$24.45	\$178,546.13	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
03-04	34.60	Various staff I	Collecting fees	\$24.45	\$845.97	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
03-04	396.20	Various staff I	Collecting fees	\$24.45	\$9,687.09	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	27,691.30	Various staff I Total			\$677,052.30		
03-04	1,937.80	Various staff II	Waiving enrollment fees	\$24.94	\$48,328.73	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
03-04	2,906.70	Various staff II	Waiving enrollment fees	\$24.94	\$72,493.10	Receiving waiver applications	Waiving student fees
03-04	3,494.90	Various staff II	Waiving enrollment fees	\$24.94	\$87,162.81	Evaluating waiver applications and verifying application documents	Waiving student fees
03-04	366.80	Various staff II	Waiving enrollment fees	\$24.94	\$9,147.99	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
03-04	3,862.30	Various staff II	Waiving enrollment fees	\$24.94	\$96,325.76	Entering approved application information into district records; providing student award letter	Waiving student fees
03-04	529.80	Various staff II	Waiving enrollment fees	\$24.94	\$13,213.21	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	13,098.30	Various staff II Total			\$326,671.60		
	40,926.60	Grand Total			\$1,009,893.83		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

VIN #:

DATE: August 8, 2002

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preceding Agreement was dated June 9, 1998

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/02	06/30/06	39.0	On-Campus	All Programs
PROV.	07/01/06	06/30/07	39.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.88

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

District: North Orange County CCD

Benie Harter
Employee Name

Bursar
Exact Position Title

Cypress (714) 484-7316
College/Department/Location Telephone #

12mo/11mo/10mo/hrly
Work year length

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: _____ 3 _____
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: _____ 50 50 50 50 _____
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 Benie Harter Date 7-19-06

If you have any questions, please contact BENIE HARTER at 714-484-7316

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

EFCW 1.6B

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

Original Fax

JUL 20 2006

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

Telephone #

12mo/11mo/10mo/hrly
Work year length

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: 8 8 8 8 8 8 8

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.

72 72 72 72 72 72 72

TOTALS: 80 80 80 80 80 80 80

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 [Signature]

Date 7/20/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2003-2004
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.

Source: Schedules 2 and 4.

Findings:

*EFC 1	76,868
Avg. time p/account	5.4
Total Time (in minutes)	<u>415087</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>6918.1</u>
*EFC 2	64,723
Avg. time p/student	5.2
Total Time (in minutes)	<u>336560</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>5609.3</u>
*EFC 1	76,868
Avg. time p/question	5.8
Total Time (in minutes)	<u>445834</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>7430.6</u>
*EFC 1	76,868
Avg. time p/file	5.7
Total Time (in minutes)	<u>438148</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>7302.5</u>
*EFC 4	377
Avg. time p/account	5.5
Total Time (in minutes)	<u>2074</u>
Per Hour	60
Hours Worked (** Activity 15)	<u>34.6</u>
*EFC 5	4,402
Avg. time p/student	5.4
Total Time (in minutes)	<u>23771</u>
Per Hour	60
Hours Worked (** Activity 16)	<u>396.2</u>

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2003-2004
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	20,762
Avg. time p/question	5.6
Total Time (in minutes)	116267
Per Hour	60
Hours Worked (** Activity 21)	1937.8
*EFW 6	20,762
Avg. time p/application	8.4
Total Time (in minutes)	174401
Per Hour	60
Hours Worked (** Activity 22)	2906.7
*EFW 6	20,762
Avg. time p/evaluation	10.1
Total Time (in minutes)	209696
Per Hour	60
Hours Worked (** Activity 23)	3494.9
*EFW 8	2,223
Avg. time p/application	9.9
Total Time (in minutes)	22008
Per Hour	60
Hours Worked (** Activity 24)	366.8
*EFW 7	18,539
Avg. time p/application	12.5
Total Time (in minutes)	231738
Per Hour	60
Hours Worked (** Activity 25)	3862.3
*EFW 8	2,223
Avg. time p/application	14.3
Total Time (in minutes)	31789
Per Hour	60
Hours Worked (** Activity 26)	529.8

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1		4	5
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antonese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Fillppi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
PHR-Average
Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Carter, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antonese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Filippi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.61
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.65	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant I				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amelia	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushla, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8		7	
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoaka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandi	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushla, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1999-00 through 2004-05
PHR-Average
Various Staff - Waiving enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-Financial Aid Technician								
Alcaraz, Jose	FC-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Staff Support				\$7.75	\$9.00		\$9.00	\$10.00
Bustos, Raymond	FC-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Caro, Barbara	FC-A&R-Admissions Technician	\$26.28	\$27.98	\$30.57	\$30.56	\$33.51	\$33.02	\$35.50	\$34.71
Cobb, Keith	CC-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dillon, Andrew	FC-A&R-Hourly Staff Support							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Lam, Tina	FC-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Transcript Clerk						\$7.75	\$8.25	\$9.00
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Oropeza, Elaine	FC-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Reza, Alan	CC-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Salcedo, Daniel	FC-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Tran, Kimberly	CC-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Tushla, Nicol	FC-A&R-Evaluator	\$13.40	\$18.74	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$17.73	\$20.13	\$23.45	\$24.48	\$24.36	\$24.94	\$24.17	\$25.11

Conclusion: Findings go forward to EFCW-2.

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CEA

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Interession <i>N/A</i>								1
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (d Mandate Coordinator)

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date: 7/18/06
Employee Name: (print) Kashmira Vyas Position or Title: Accounting Specialist

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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EFCW 1.8-3

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CCS

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *Keshmira Vias* Date: 7/18/06
Employee Name: (print) Keshmira Vias Position or Title: Accounting Specialist

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SEA

99-00 Total = 80,935 - SEA

00-01 Total = 88,893 - SEA

01-02 Total = 88,897 - SEA

02-03 Total = 83,317 - SEA

03-04 Total = 76,868 - SEA

04-05 Total = 78,803

verified sea cccco report directly below - SEA

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SEA

99-00 Total = 71,133 - SEA

00-01 Total = 78,391 - SEA

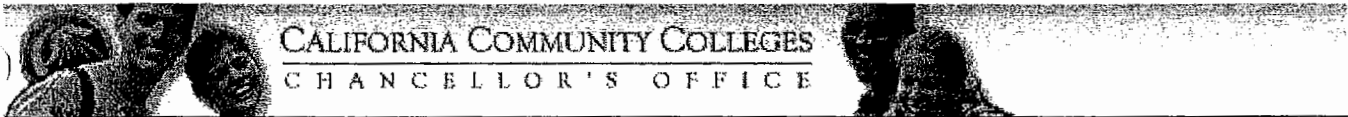
01-02 Total = 78,141 - SEA

02-03 Total = 71,431 - SEA

03-04 Total = 64,723 - SEA

04-05 Total = 64,582 - SEA

verified client calculated #1 - #3 correctly - SEA



Student Demographics

**Student Total Headcount For Cypress
For 2003 Fall Term**

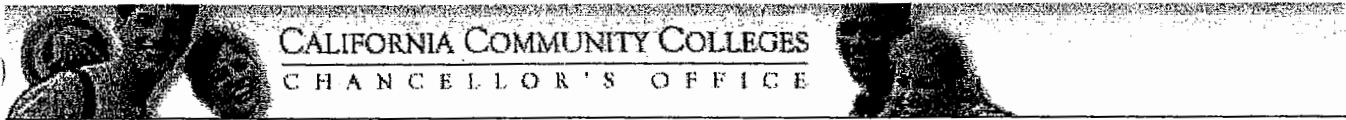
Data Current As Of July 12, 2006 10:20:30

Total Headcount	12,979
------------------------	--------

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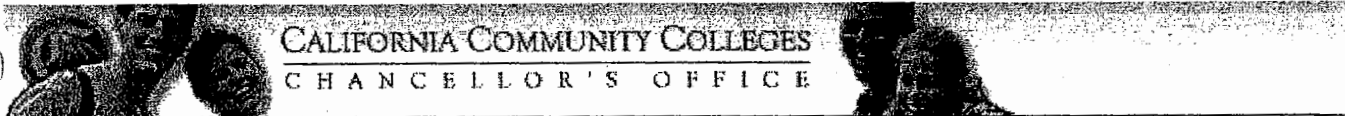
Student Demographics

Student Total Headcount For Cypress For 2004 Spring Semester

Data Current As Of July 12, 2006 10:20:47

Total Headcount	12,665
------------------------	--------

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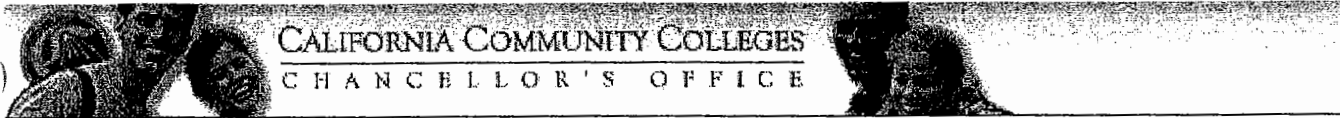
Student Demographics

**Student Total Headcount For Cypress
For 2004 Summer Term**

Data Current As Of July 12, 2006 10:20:59

Total Headcount	4,915
------------------------	-------

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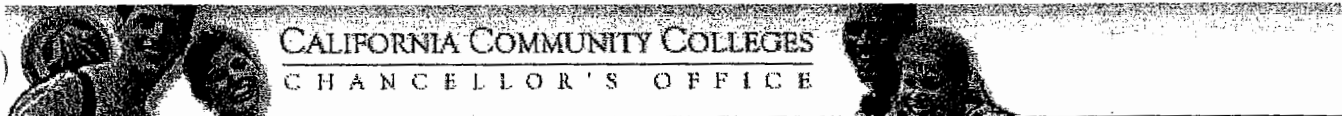
Student Demographics

**Student Total Headcount For Fullerton
For 2003 Fall Term**

Data Current As Of July 12, 2006 10:34:00

Total Headcount	19,235
------------------------	--------

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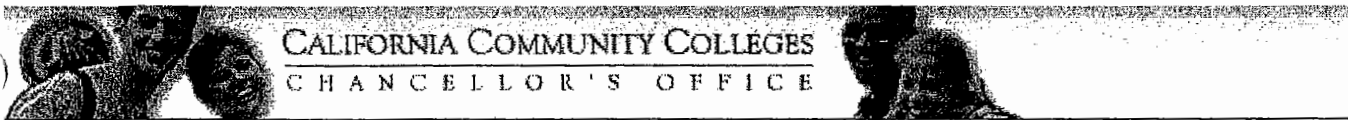
Student Demographics

**Student Total Headcount For Fullerton
For 2004 Spring Semester**

Data Current As Of July 12, 2006 10:34:12

Total Headcount	18,710
------------------------	---------------

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Student Demographics

**Student Total Headcount For Fullerton
For 2004 Summer Term**

Data Current As Of July 12, 2006 10:34:37

Total Headcount	8,364
------------------------	-------

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3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

Verified these #'s are same as BOGG waivers per CCCO website - SSA
 See following page - SSA

98-99 - Total - 9,936 - SSA
 99-00 - Total - 9,802 - SSA
 00-01 - Total - 10,502 - SSA
 01-02 - Total - 10,756 - SSA
 02-03 - Total - 11,886 - SSA
 03-04 - Total - 12,145 - SSA
 04-05 - Total - 14,221 - SSA

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals

Source: Banner a/o 7/6/06

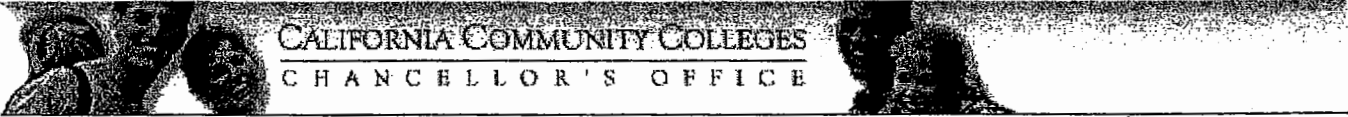
Academic Year	Cypress	Fullerton
Fall 1998		Pre-Banner Term
Spring 1999		Pre-Banner Term
Summer 1999		Pre-Banner Term
Fall 1999		Pre-Banner Term
Spring 2000		Pre-Banner Term
Summer 2000		Pre-Banner Term
Fall 2000		Pre-Banner Term
Spring 2001		Pre-Banner Term
Summer 2001		Pre-Banner Term
Fall 2001	3	4
Spring 2002	7	6
Summer 2002	22	5
Fall 2002	163	8
Spring 2003	34	11
Summer 2003	38	8
Fall 2003	200	64
Spring 2004	18	12
Summer 2004	70	13
Fall 2004	168	72
Spring 2005	66	57
Summer 2005	5	34

98-99 Total 47 - SSA
 99-00 Total 262 - SSA
 00-01 Total 377 - SSA
 01-02 Total 402 - SSA

Broke Down into FY's the way client did on Page 1 of 6 for Total Number of Students Enrolled in College - SSA

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2003-2004

Data Current As Of July 12, 2006 11:19:55

[Download The Result In Comma Delimited Format](#)

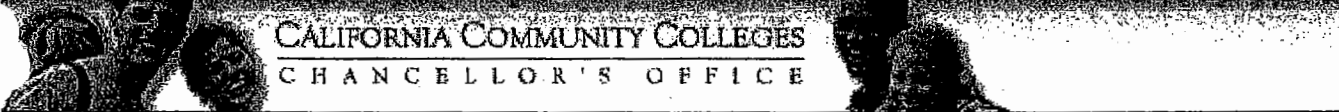
Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	103	26,704
BOGW - Part B based on income standards	3,663	905,304
BOGW - Part C based on financial need	2,417	877,587

Total Unduplicated Count = 5,818**Total Amount = \$ 1,809,595**[Back to Top of Page](#)

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2003-2004

Data Current As Of July 12, 2006 11:21:30

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	112	26,478
BOGW - Part B based on income standards	3,362	928,419
BOGW - Part C based on financial need	2,909	1,055,542

Total Unduplicated Count = 6,327
Total Amount = \$ 2,010,439

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver

Eligibility

JixTen Form: EFCW 1.8-2, #2. NOTE: Only have District Totals

Source: Banner

Term	Cypress & Fullerton Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into FY's the way client did on pg. 1 of 6 for 1- Total Number of Students Enrolled in College - S&A

Total = 3,599 - S&A
01-02

Total = 4,298 - S&A
02-03

Total = 4,402 - S&A
03-04

Total = 4,260 - S&A
04-05

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund #s are overstated - see page 60 of 65 - sent

Term	Cypress	Fullerton
Fall 1998	-	-
Spring 1999	-	-
Summer 1999	-	-
Fall 1999	-	-
Spring 2000	-	-
Summer 2000	-	-
Fall 2000	-	-
Spring 2001	-	-
Summer 2001	-	-
Fall 2001	26	6,748
Spring 2002	18	6,043
Summer 2002	4	2,425
Fall 2002	25	7,304
Spring 2003	2	7,524
Summer 2003	1	2,307
Fall 2003	8	6,851
Spring 2004	7	6,233
Summer 2004	64	2,204
Fall 2004	2,658	4,318
Spring 2005	2,304	4,042
Summer 2005	880	1,470

98-99 - Broke Down into FY's the way client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - sent

99-00

00-01

01-02

02-03

03-04

04-05

Not used - Revised #s emailed to BO on 7-13-06 - sent see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99 *	4,666	5,270
1999-00 *	4,777	5,025
2000-01 *	4,902	5,600
2001-02	8,993	9,839
2002-03	8,205	9,478
2003-04	10,475	10,287
2004-05	10,259	11,799

*: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3

verified these #s are same as BOGG waivers per cca website - sent

- Total 01-02 - 18,832 - sent

- Total 02-03 - 17,683 - sent

- Total 03-04 - 20,762 - sent

- Total 04-05 - 22,058 - sent

- see Comparison Sch. clients # is higher by 6,394

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99 *	4,666	5,270
1999-00 *	4,777	5,025
2000-01 *	4,902	5,600
2001-02	8,507	9,507
2002-03	7,851	8,934
2003-04	9,132	9,407
2004-05	9,764	11,042

*: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3

Total 01-02 - 18,014 - sent

Total 02-03 - 16,785 - sent

Total 03-04 - 18,539 - sent

Total 04-05 - 20,806 - sent

oops - I meant this for waivers Granted/Approved Not for Requested - see comparison sheet directly below - sent

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year. (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Summer													Fall 04	Summer 04
Fall													Spring 05	Fall 04
Spring													Summer 05	Spring 05
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Client used CCCC website data for these #'s. Other clients' data that was provided was usually lower than this #. P/Sergio - at this late date go w/ the data supplied by client

This is the w client has FY date broken-out -

This is the w CCCC website has FY date broken out

2. EFCW 1.8-3 - Ques. # 2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	
Client used CCCO #'s												

Client used CCCO #'s

Client used CCCO #'s

Clients #'s higher

Clients #'s higher

Clients #'s higher

Clients #'s higher

Normally, we ask client - why higher? - But at this late date Sergio said to go w/ clients #'s

3. EFCW 1.8-4 - Ques. # 4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCCO		CCCCO		CCCCO		CCCCO		CCCCO		CCCCO	
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	
Client used CCCO #'s												

These #'s good client used CCCC website #'s - & we have usually gone w/ CCCC #'s over client #'s

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	-
2002-03	354	-
2003-04	1,343	-
2004-05	495	-

332 Total 01-02 = 818 - SGA
 544 Total 02-03 = 898 - SGA
 880 Total 03-04 = 2,223 - SGA
 757 Total 04-05 = 1,252 - SGA
 } = Sch. 4 EFW 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-4 and attachments from district office.

Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156

This data is for comparison with CCCCO 2% calculation directly below *sch. 5A - 548*

1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192

(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 04-05 - unit fee				
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382
	Fall Spring			98,476	95,586	96,382	110,925
	Winter/Interssion						
	Spring Summer			15,952	13,488	17,086	18,034
	Total # of credits		288,818	204,603	207,735	208,683	239,341
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800

Summary

1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717					
1.8-4 5	Credit Units Waived	\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992

Sc. 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-2000 to 2004-2005
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)
	Offset Amount to Claim	To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52

Conclusion: If line 8 is negative, then line 6 - "Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7 - "Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2003-2004 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

DISTRICT: North Orange Count
COUNTY: Orange

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2004	JUNE PAYMENT	TOTAL PAID THRU JUNE 2004
GENERAL APPORTIONMENT	\$33,306,886	\$28,506,396	\$580,765	\$29,087,161
ENROLL FEE ADMIN (2%)	66,553	60,326	6,227	66,553
APPRENTICE ALLOWANCE	21,870	29,777	-7,907	21,870
BASIC SKILLS	0	0	0	0
PARTNERSHIP FOR EXCEL.	5,419,354	4,985,805	433,549	5,419,354
S.F.A.A.	1,149,520	1,057,560	91,960	1,149,520
E.O.P.S.	1,918,012	1,764,571	153,441	1,918,012
C.A.R.E.	268,217	246,759	21,458	268,217
D.S.P.S.	1,842,243	1,694,862	147,381	1,842,243
STATE HOSPITALS	0	0	0	0
CALWORKS	566,262	520,961	45,301	566,262
MATRICULATION (CREDIT)	1,072,661	985,666	86,995	1,072,661
MATRIC. (NONCREDIT)	678,141	623,889	54,252	678,141
FAC. & STAFF DIVERSITY	32,180	29,604	2,576	32,180
PART-TIME FACULTY INS.	8,228	0	8,228	8,228
PART-TIME FACULTY OFFIC	572,603	0	572,603	572,603
PART-TIME FACULTY ALLOC	1,561,487	1,436,568	124,919	1,561,487
INST EQUIP/BLOCK GRANT	760,149	699,337	60,812	760,149
ECON. DEV. 0203 ONE TIM	133,754	134,201	-447	133,754
ECON. DEV. ONGOING	1,071,002	841,806	229,196	1,071,002
TELECOMMUNICATIONS	156,338	66,909	89,429	156,338
<hr/>				
TANF	132,732	122,115	10,617	132,732
VTEA LEADERSHIP	0	0	0	0
VTEA TECH. PREP.	72,000	60,480	0	60,480
VTEA TITLE I C	917,387	385,304	385,301	770,605
PRIOR YEAR CORRECTION	-1,467,931	-1,467,931	0	-1,467,931
AUDIT ADJUSTMENT	-736,628	-736,628	0	-736,628
	=====	=====	=====	=====
TOTAL	\$49,523,020	\$42,048,337	\$3,096,656	\$45,144,993

FISCAL SERVICES:06/29/04:TT

J:\PBF\2003-04\P2_Pay_Schedule\Exhibits\EX A 0304P2.DOC

EFCW 1.6-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$						
5 Number of credit units for which enrollment fees were waived.								
Summer								
Fall								
Winter/Intersession								
Spring								
TOTAL x \$0.91 per credit								

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: *K. Vyas* Date: 7/18/06
 Employee Name: (print) Kashmira Vyas Position or Title: 7/18/06

If you have any questions, please contact _____ at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,866,642	3,260,641	
2002-03	1,798,244	3,317,202	
2003-04	2,655,240	4,923,768	
2004-05	3,877,667	6,847,842	

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton	
1998-99			Pre-Banner Year
1999-00			Pre-Banner Year
2000-01			Pre-Banner Year
2001-02	3,129	913,539	
2002-03	67	1,052,867	
2003-04	5,225	1,437,645	
2004-05	737,447	1,303,313	

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

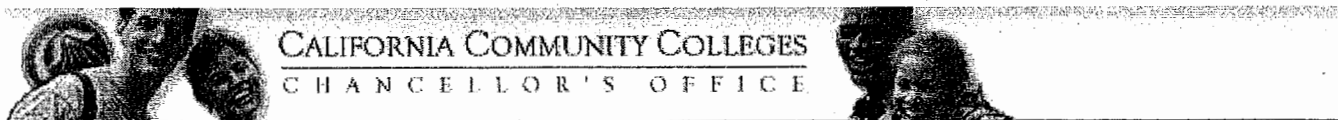
Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - <i>same</i>
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - <i>same</i>
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - <i>same</i>
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - <i>same</i>

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	88-99 Total 3,366,725 - <i>same</i>
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - <i>same</i>
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - <i>same</i>
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - <i>same</i>
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - <i>same</i>
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - <i>same</i> - same as CCCO report - See following
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - <i>same</i> 2 pages - <i>same</i>



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2003-2004**

Data Current As Of July 12, 2006 11:19:55

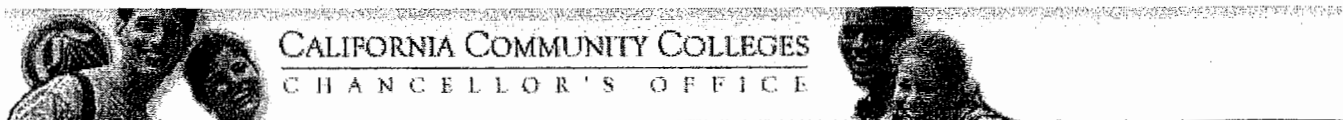
[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	103	26,704
BOGW - Part B based on income standards	3,663	905,304
BOGW - Part C based on financial need	2,417	877,587

**Total Unduplicated Count = 5,818
Total Amount = \$ 1,809,595**

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Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2003-2004**

Data Current As Of July 12, 2006 11:21:30

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	112	26,478
BOGW - Part B based on income standards	3,362	928,419
BOGW - Part C based on financial need	2,909	1,055,542

**Total Unduplicated Count = 6,327
Total Amount = \$ 2,010,439**

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13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year: Cypress Fullerton

Academic Year	Cypress	Fullerton	Description
Fall 1998			Not Applicable for this Term per SixTen Form
Spring 1999			Not Applicable for this Term per SixTen Form
Summer 1999			Not Applicable for this Term per SixTen Form
Fall 1999			Not Applicable for this Term per SixTen Form
Spring 2000			Not Applicable for this Term per SixTen Form
Summer 2000			Not Applicable for this Term per SixTen Form
Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
			For this year, Annual amount calculated as Annual amount from #12 above / \$11.00 per unit for this year.
2000/01 Year	138,142	150,676	
Fall 2001	42,259	47,916	
Spring 2002	45,262	53,214	01-02 Total = 204,603 - 825
Summer 2002	6,949	9,003	
Fall 2002	45,508	53,153	
Spring 2003	43,929	51,657	02-03 Total = 207,735 - 825
Summer 2003	5,533	7,955	
Fall 2003	45,883	49,332	
Spring 2004	45,390	50,992	03-04 Total = 208,683 - 825
Summer 2004	7,140	9,946	
Fall 2004	49,772	60,610	
Spring 2005	49,619	61,306	04-05 Total = 239,341 - 825
Summer 2005	7,011	11,023	

00-01 Total 288,818
- 825

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11		
Chabot CCD	FAM-29C	34.57	38.76	39.36	42.24	39.41	35.87	34.89	34.69	
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58		
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
College of the Sequoias CCD	FAM-29C	48.43	45.68	41.58	38.40	31.24	29.83	31.91	35.36	
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22		
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Hartnell CCD	FAM-29C	52.81	49.16	46.72	42.33	35.08	34.74	36.34		
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89		
Los Rios CCD	FED rate								30.0	30.0
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33		
Grey Peninsula CCD	FAM-29C					34.91	38.94	43.85		
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	39.00
Palomar CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	
Palo Verde CCD	FAM-29C	47.29	41.20	43.03	39.17	63.70	53.57	45.81	39.76	
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Redwoods CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	
Mt. San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94		
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91		
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90		
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80		
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	
Yuba CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88		

* ICR taken from previously filed claims

10/20/04
 REVISED &
 UPDATED
 AS OF 10/20/04
 REB

**PRODUCTIVE HOURLY RATE COMPUTATION
 2003-2004
 NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	TITLE	CE/CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE	
ALONZO, ROSE	ACCOUNTING TECHNICIAN	CL	44,196.00	18,711.95	62,907.95	1800	34.95	7/1/03
ALONZO, ROSE	ACCOUNTING TECHNICIAN	CL	44,196.00	19,268.87	63,464.87	1800	35.26	1/1/04
ALONZO, ROSE	Instructional Resource Mana	CL	56,017.90	13,632.50	69,650.40	1800	38.69	2/1/04
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	85,710.50	20,225.78	105,936.28	1800	58.85	7/1/03
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	85,710.50	20,186.90	105,897.40	1800	58.83	1/1/04
ALVAREZ, RAUL	DIRECTOR FOUNDATION	CL	107,452.47	18,290.28	125,742.75	1800	69.86	
AYALA, JOHN	DEAN LEARNING RESOURCES	CE	107,472.47	18,840.15	126,312.62	1800	70.17	
AYON, VIOLET	EXEC. ADM. AIDE	CL	79,688.01	18,911.48	98,599.49	1800	54.78	7/1/03
AYON, VIOLET	EXEC. ADM. AIDE	CL	79,688.01	18,872.60	98,560.61	1800	54.76	1/1/04
BARROW, LINDA	PERSONNEL SPEC	CONFIDENT	54,531.84	22,266.27	76,798.11	1800	42.67	7/1/03
BARROW, LINDA	PERSONNEL SPEC	CONFIDENT	58,777.23	24,072.04	82,849.27	1800	46.03	1/1/04
BARTLETT, KIMBERLY	DIRECTOR DISABLED PROGRMS	CE	89,964.10	20,473.73	110,437.83	1800	61.35	
BEELER, RON	DIST DIR-FACILITY	CL	101,960.56*	16,747.22	118,707.78	1800	65.95	7/1/03
BEELER, RON	DIST DIR-FACILITY	CL	101,960.56*	17,304.14	119,264.70	1800	66.26	1/1/04
BEERS, SUSAN	DIVISION DEAN	CE	110,142.67	22,602.57	132,745.24	1800	73.75	7/1/03
BEERS, SUSAN	DIVISION DEAN	CE	110,142.67	22,563.69	132,706.36	1800	73.73	1/1/04
BENNETT, BARBARA	INSTRUCTOR	CE	72,205.10	18,605.13	90,810.23	1800	50.45	7/1/03
BENNETT, BARBARA	INSTRUCTOR	CE	72,205.10	18,566.25	90,771.35	1800	50.43	1/1/04
BETTENDORF, PAM	OFFICE MANAGER	CL	53,833.33	21,349.68	75,183.01	1800	41.77	7/1/03
BETTENDORF, PAM	OFFICE MANAGER	CL	53,833.33	21,906.60	75,739.93	1800	42.08	1/1/04
BLACKLEY, TERRY	DIVISION DEAN	CE	108,294.07	22,407.54	130,701.61	1800	72.61	7/1/03
BLACKLEY, TERRY	DIVISION DEAN	CE	108,294.07	22,368.66	130,662.73	1800	72.59	1/1/04
BLANK, JESSIE	SPECIAL PROJECT ADM	CL	49,292.94	9,264.00	58,556.94	1800	32.53	
BOYD-DAILEY, NANCY	PERSONNEL SPEC	CONFIDENT	42,435.96	21,710.94	64,146.90	1800	35.64	7/1/03
BOYD-DAILEY, NANCY	PERSONNEL SPEC	CONFIDENT	47,905.36	23,169.04	71,074.40	1800	39.49	1/1/04
BRANDES, RAEANE	ACCOUNTING SPECIALIST	CL	53,630.10	21,294.06	74,924.16	1800	41.62	7/1/03
BRANDES, RAEANE	ACCOUNTING SPECIALIST	CL	53,630.10	21,850.98	75,481.08	1800	41.93	1/1/04
BRAULT, G LORRAINE	HEALTH SERVICES MANAGER	CE	84,211.05	14,782.93	98,993.98	1800	55.00	7/1/03
BROWN, ALLEN	INSTRUCTOR	CE	87,825.07	20,248.06	108,073.13	1800	60.04	7/1/03
BROWN, ALLEN	INSTRUCTOR	CE	87,825.07	20,209.18	108,034.25	1800	60.02	1/1/04
BROWN, HEATHER	DIRECTOR INSTITUTIONAL RESEARCH	CL	89,964.17*	19,778.08	109,742.25	1800	60.97	
BROWN, KALETA	DIVISION DEAN	CE	88,332.27	21,582.39	109,914.66	1800	61.06	7/1/03
BROWN, KALETA	DIVISION DEAN	CE	88,332.27	21,543.51	109,875.78	1800	61.04	1/1/04
BURCHFIELD, JERRY	INSTRUCTOR	CE	78,547.80	14,421.07	92,968.87	1800	51.65	7/1/03
BURCHFIELD, JERRY	INSTRUCTOR	CE	78,547.80	14,999.23	93,547.03	1800	51.97	1/1/04
BURNS, KRIS	REGISTRAR	CL	71,333.37	19,235.76	90,569.13	1800	50.32	
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	114,912.06	21,291.25	136,203.31	1800	75.67	7/1/03

BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	114,912.06	21,848.17	136,760.23	1800	75.98	1/1/04
BURNS, MICHAEL	DIVISION DEAN	CE	107,472.47	22,320.87	129,793.34	1800	72.11	7/1/03
BURNS, MICHAEL	DIVISION DEAN	CE	107,472.47	22,281.99	129,754.46	1800	72.09	1/1/04
CANT, KAREN	DIRECTOR BUDGET/FINANCE	CL	103,339.82 *	13,974.74	117,314.56	1800	65.17	
CARRITHERS, JOE	INSTRUCTOR	CE	73,032.27	15,223.67	88,255.94	1800	49.03	7/1/03
CARRITHERS, JOE	INSTRUCTOR	CE	73,032.27	15,780.59	88,812.86	1800	49.34	1/1/04
CHAMBERS, TERRY	PAYROLL SPECIALIST	CL	43,314.21	18,567.56	61,881.77	1800	34.38	7/1/03
CHAMBERS, TERRY	PAYROLL SPECIALIST	CL	43,314.21	19,145.72	62,459.93	1800	34.70	1/1/04
CLIFFORD, SUSAN	INTERIM VICE PRESIDENT	CE	117,290.59	19,114.99	136,405.58	1800	75.78	7/1/03
COTTON, ANGELA	EXECUTIVE ASSISTANT II	CL	55,384.97	22,217.77	77,602.74	1800	43.11	7/1/03
COTTON, ANGELA	EXECUTIVE ASSISTANT II	CL	57,988.97	22,930.48	80,919.45	1800	44.96	9/1/03
COURCHAIINE, JEFFREY	INSTRUCTOR	CE	74,318.65	15,378.04	89,696.69	1800	49.83	7/1/03
COURCHAIINE, JEFFREY	INSTRUCTOR	CE	74,318.65	15,934.96	90,253.61	1800	50.14	1/1/04
CRAIG, DALE	INSTRUCTOR	CE	70,092.57	18,351.63	88,444.20	1800	49.14	7/1/03
CRAIG, DALE	INSTRUCTOR	CE	70,092.57	18,312.75	88,405.32	1800	49.11	1/1/04
COTTER, SANDRA	EXECUTIVE SECRETARY	CONFIDENT	56,475.89	22,451.91	78,927.80	1800	43.85	7/1/03
COTTER, SANDRA	EXECUTIVE SECRETARY	CONFIDENT	56,475.89	23,030.07	79,505.96	1800	44.17	1/1/04
CUSAAC, JOHNNIE	INSTRUCTOR	CE	72,205.10	15,124.41	87,329.51	1800	48.52	7/1/03
CUSAAC, JOHNNIE	INSTRUCTOR	CE	72,205.10	15,681.33	87,886.43	1800	48.83	1/1/04
DONLEY, STEVEN	MANAGER HUMAN RESOUR	CE	107,472.47	20,841.90	128,314.37	1800	71.29	7/1/03
DONLEY, STEVEN	MANAGER HUMAN RESOUR	CE	107,472.47	21,485.70	128,958.17	1800	71.64	1/1/04
DONOVAN, LEXI	MANAGER CAMPUS ACCT.	CL	75,833.68	15,144.21	90,977.89	1800	50.54	7/1/03
DONOVAN, LEXI	MANAGER CAMPUS ACCT.	CL	75,833.68	15,144.21	90,977.89	1800	50.54	1/1/04
DOOLEY, GEORGE	COUNSELOR	CE	93,619.40	16,336.65	109,956.05	1800	61.09	7/1/03
DOOLEY, GEORGE	COUNSELOR	CE	93,619.40	16,893.57	110,512.97	1800	61.40	1/1/04
DOUGHTY, CORINE	SPECIAL PROJECT DIRECTOR	CL	30,424.02	9,264.00	39,688.02	1800	22.05	
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	63,345.36	17,285.38	80,630.74	1800	44.79	7/1/03
EISENHUT, LINDA	COORDINATOR BENEFITS	CL	63,345.36	17,246.50	80,591.86	1800	44.77	1/1/04
ELLIS, SHANNON	REGISTRATION TECHNICIAN	CL	43,331.18	18,918.64	62,249.82	1800	34.58	7/1/03
ELLIS, SHANNON	REGISTRATION TECHNICIAN	CL	43,331.18	19,562.44	62,893.62	1800	34.94	1/1/04
ENTEZAMPOUR, MO	DIV DEAN, SCIENCE, ENGINEERING, MATH	CE	107,894.65	17,939.65	125,834.30	1800	69.91	7/1/03
FERNANDEZ, CRISTINA	SPECIAL PROJECT ADM	CL	49,292.94	9,264.00	58,556.94	1800	32.53	
FICKENSHIRE, PERLA	SPECIAL PROJECT DIRECTOR	CL	60,387.07	9,264.00	69,651.07	1800	38.70	
FIGERA, CHRIS	DIRECTOR PHYSICAL PLANT/FAC	CL	96,459.95 *	16,984.35	113,444.30	1800	63.02	
FONG, PETER	DEAN ADM & RECORDS	CE	107,472.47	20,502.84	127,975.31	1800	71.10	
FORD, REGINA	REGISTRAR	CL	59,442.46	19,131.12	78,573.58	1800	43.65	
FISHMAN, DARLENE	DIRECTOR NURSING	CE	90,848.17	18,403.58	109,251.75	1800	60.70	7/1/03
FISHMAN, DARLENE	DIRECTOR NURSING	CE	90,848.17	18,960.50	109,808.67	1800	61.00	1/1/04
FLEEMAN, RODNEY	V CHANCELLOR FINANCE/FACILI	CE	145,188.02	26,862.06	172,050.08	1800	95.58	7/1/03
FLEEMAN, RODNEY	V CHANCELLOR FINANCE/FACILI	CE	145,188.02	27,418.98	172,607.00	1800	95.89	1/1/04
FLORES-CHURCH, ADRIANNA	MANAGER	CL	55,195.09	13,437.11	68,632.20	1800	38.13	7/1/03
FLORES-CHURCH, ADRIANNA	MANAGER	CL	55,195.09	14,080.91	69,276.00	1800	38.49	1/1/04
FOY, TAMI	DIST MANG INST RSRCS	CL	66,708.00	13,899.31	80,607.31	1800	44.78	
FRANKS, JOE	INSTRUCTOR	CE	78,547.80	18,227.31	96,775.11	1800	53.76	7/1/03
FRANKS, JOE	INSTRUCTOR	CE	78,547.80	18,188.43	96,736.23	1800	53.74	1/1/04
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFAIRS	CL	85,967.09	16,152.49	102,119.58	1800	56.73	7/1/03
GABEL, ANN-MARIE	COORDINATOR FISCAL AFFAIRS	CL	85,967.09	16,730.65	102,697.74	1800	57.05	1/1/04

GARZA, ANNA	COORDINATOR MATRICULATION	CE	79,483.00	14,845.26	94,328.26	1800	52.40	
GISKA, MARY LOU	DIR COLLEGE HEALTH SERV	CE	66,555.76	10,657.23	77,212.99	1800	42.90	1/1/04
GOMBER, LISA	ADM. SEC. II	CL	54,911.80	21,741.82	76,653.62	1800	42.59	7/1/03
GOMBER, LISA	ADM. SEC. II	CL	54,911.80	22,319.98	77,231.78	1800	42.91	1/1/04
GUERRERO-HILL, AVA	SPECIAL PROJECT MANAGR	CL	75,744.33	27,346.72	103,091.05	1800	57.27	
GUTIERREZ, MARTHA	COORDINATOR VOC/MED ED	CL	67,987.40	25,223.65	93,211.05	1800	51.78	
GUYTON, JEAN	MANAGER APPLICATION SUPPOR	CL	103,936.43 *	16,821.32	120,757.75	1800	67.09	7/1/03
GUYTON, JEAN	MANAGER APPLICATION SUPPOR	CL	103,936.43 *	17,378.24	121,314.67	1800	67.40	1/1/04
HANNON, ANDREA	DIRECTOR/NURSING/DIR HEALTH	CE	107,472.47	22,320.87	129,793.34	1800	72.11	7/1/03
HANNON, ANDREA	DIRECTOR/NURSING/DIR HEALTH	CE	107,472.47	22,281.99	129,754.46	1800	72.09	1/1/04
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	CL	80,972.79	19,039.31	100,012.10	1800	55.56	7/1/03
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	CL	80,972.79	19,000.43	99,973.22	1800	55.54	1/1/04
HAZEL, ANGELA	SPECIAL PROJ ADMIN	CL	50,233.63	9,264.00	59,497.63	1800	33.05	
HEBSON CHRIS	COMPUTING ANALYST	CL	67,317.88	28,521.12	95,839.00	1800	53.24	7/1/03
HEBSON CHRIS	COMPUTING ANALYST	CL	67,317.88	28,482.24	95,800.12	1800	53.22	1/1/04
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	107,472.47 *	20,434.64	127,907.11	1800	71.06	7/1/03
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	107,472.47 *	20,395.76	127,868.23	1800	71.04	1/1/04
HENDERSON, WILFORD	SAFETY SPECIALIST	CL	54,236.08	22,379.76	76,615.84	1800	42.56	7/1/03
HENDERSON, WILFORD	SAFETY SPECIALIST	CL	54,236.08	22,957.92	77,194.00	1800	42.89	1/1/04
HENRY, DIANE	DIVISION DEAN	CE	107,472.47	22,320.87	129,793.34	1800	72.11	7/1/03
HENRY, DIANE	DIVISION DEAN	CE	107,472.47	22,281.99	129,754.46	1800	72.09	1/1/04
HERRERA, ALEX	INSTRUCTOR	CE	67,979.02	14,107.38	82,086.40	1800	45.60	7/1/03
HERRERA, ALEX	INSTRUCTOR	CE	67,979.02	14,664.30	82,643.32	1800	45.91	1/1/04
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	CL	38,134.65	17,149.91	55,284.56	1800	30.71	7/1/03
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	CL	38,134.65	17,728.07	55,862.72	1800	31.03	1/1/04
HITCHMAN, LEEANN	INSTRUCTOR	CE	65,010.74	14,704.49	79,715.23	1800	44.29	7/1/03
HITCHMAN, LEEANN	INSTRUCTOR	CE	65,010.74	15,348.29	80,359.03	1800	44.64	1/1/04
HO, CO	MGR SYSTEMS TECHNOLOGY	CL	80,231.29	28,574.80	108,806.09	1800	60.45	
HO, JENNEY	ADM ASSISTANT	CL	58,235.00	22,554.42	80,789.42	1800	44.88	
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN RESC	CE	150,995.70 **	25,369.55	176,365.25	1800	97.98	7/1/03
HORSLEY, JEFFREY	VICE CHANCELLOR HUMAN RESC	CE	150,995.70 **	25,926.47	176,922.17	1800	98.29	1/1/04
HUNTER, JEROME	CHANCELLOR	CE	190,863.84 **	36,802.54	227,666.38	1800	126.48	7/1/03
HUNTER, JEROME	CHANCELLOR	CE	190,863.84 **	36,763.66	227,627.50	1800	126.46	1/1/04
IVASK, NANCY	RECEPTIONIST	CL	40,870.57	17,801.78	58,672.35	1800	32.60	7/1/03
IVASK, NANCY	RECEPTIONIST	CL	40,870.57	18,358.70	59,229.27	1800	32.91	1/1/04
JAY, PAULA	ADM. SEC.	CL	46,471.86	22,815.57	69,287.43	1800	38.49	7/1/03
JAY, PAULA	ADM. SEC.	CL	46,471.86	22,776.69	69,248.55	1800	38.47	1/1/04
JENSEN, DARLEN	DIRECTOR STUDENT ACTIVITIES	CL	72,154.97	26,364.32	98,519.29	1800	54.73	
KANAAN, JAY	ACCOUNTING TECHNICIAN	CL	46,857.94	19,440.52	66,298.46	1800	36.83	7/1/03
KANAAN, JAY	ACCOUNTING TECHNICIAN	CL	46,857.94	19,997.44	66,855.38	1800	37.14	1/1/04
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	CE	117,290.59 **	24,693.57	141,984.16	1800	78.88	7/1/03
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	CE	117,290.59 **	24,654.69	141,945.28	1800	78.86	1/1/04
KENNEDY, JAMES	SPECIAL PROJECT ADM	CL	60,387.10	9,264.00	69,651.10	1800	38.70	
KYLE, DIANA	INSTRUCTOR	CE	60,642.08	17,895.74	78,537.82	1800	43.63	
LANDIS, DONNA	ADM. ASSISTANT II	CL	43,179.73	18,433.79	61,613.52	1800	34.23	
LARSEN, DENISE	PROGRAM ASSISTANT	CL	55,195.01	25,203.09	80,398.10	1800	44.67	
LATIEF, LINA	ACCOUNTING SPECIALIST	CL	42,506.04	21,730.12	64,236.16	1800	35.69	7/1/03

LATIEF, LINA	ACCOUNTING SPECIALIST	CL	42,506.04	21,691.24	64,197.28	1800	35.67	1/1/04
LATIEF, LINA	ACCOUNTING SPECIALIST	CL	45,712.06	22,568.73	68,280.79	1800	37.93	3/1/04
LEE, PAT	PAYROLL MANAGER	CL	72,154.97	18,161.94	90,316.91	1800	50.18	7/1/03
LEE, PAT	PAYROLL MANAGER	CL	72,154.97	18,123.06	90,278.03	1800	50.15	1/1/04
LEWIS, MARGORIE	PRESIDENT	CE	150,995.70	31,039.70	182,035.40	1800	101.13	7/1/03
LEWIS, MARGORIE	PRESIDENT	CE	150,995.70	31,000.82	181,996.52	1800	101.11	1/1/04
LEYSON, ELIZABETH	DIVISION DEAN	CE	107,472.47	23,879.22	131,351.69	1800	72.97	7/1/03
LEYSON, ELIZABETH	DIVISION DEAN	CE	107,472.47	23,840.34	131,312.81	1800	72.95	1/1/04
LOCKHART, HEIDI	DIRECTOR TRANSFER CENTER	CL	73,542.44	14,916.23	88,458.67	1800	49.14	
LUDFORD, DEBORAH	DEAN	CE	103,339.82	20,345.98	123,685.80	1800	68.71	7/1/03
LUDFORD, DEBORAH	DEAN	CE	103,339.82	20,989.78	124,329.60	1800	69.07	1/1/04
LUSCH, ROD	WELDER	CL	57,144.00	22,352.77	79,496.77	1800	44.16	7/1/03
LUSCH, ROD	WELDER	CL	48,228.00	19,912.46	68,140.46	1800	37.86	9/1/03
LUSCH, ROD	WELDER	CL	55,767.22	22,554.11	78,321.33	1800	43.51	1/1/04
MACHADO, OZCAR	DIRECTOR ECONOMIC DEVELOPMENT	CE	75,516.34	15,965.16	91,481.50	1800	50.82	
MELELLA, LAURA	INSTRUCTOR	CE	72,205.10	18,605.13	90,810.23	1800	50.45	7/1/03
MELELLA, LAURA	INSTRUCTOR	CE	72,205.10	18,566.25	90,771.35	1800	50.43	1/1/04
MCCLLOUD, EDWARD	INSTRUCTOR	CE	72,205.10	15,124.41	87,329.51	1800	48.52	7/1/03
MCCLLOUD, EDWARD	INSTRUCTOR	CE	72,205.10	15,681.33	87,886.43	1800	48.83	1/1/04
MCDONALD, MARTHA	COORDINATOR EOPS	CL	59,269.20	22,837.48	82,106.68	1800	45.61	
MCGUIRE, GARY	PROVOST	CE	144,254.47	30,111.78	174,366.25	1800	96.87	7/1/03
MCGUIRE, GARY	PROVOST	CE	144,254.47	30,072.90	174,327.37	1800	96.85	1/1/04
MEEHAN, KEN	DIR. INSTITUTIONAL RESEARCH	CL	80,273.40	32,067.05	112,340.45	1800	62.41	
MENDOZA, DIANE	REGISTRAR	CL	56,989.26	19,349.61	76,338.87	1800	42.41	
MIRANDA, ALBERT	DIR. PHYSICAL PLANT FAC	CL	92,749.40	32,097.97	124,847.37	1800	69.36	
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	92,749.40	16,401.80	109,151.20	1800	60.64	7/1/03
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	92,749.40	16,958.72	109,708.12	1800	60.95	1/1/04
MIRANDA, MARLENE	DIRECTOR FINANCIAL AIDE	CL	85,967.09	30,144.69	116,111.78	1800	64.51	
MOLINA, MARY	ADMIN ASSISTANT II	CL	45,401.62	19,041.92	64,443.54	1800	35.80	7/1/03
MOLINA, MARY	ADMIN ASSISTANT II	CL	45,401.62	19,598.84	65,000.46	1800	36.11	1/1/04
MONTANO, DIANE	MANAGER CHILD CARE	CL	61,702.16	13,738.12	75,440.28	1800	41.91	7/1/03
MONTANO, DIANE	MANAGER CHILD CARE	CL	61,702.16	14,316.28	76,018.44	1800	42.23	1/1/04
MOONEY, BETH	HUMAN RESOURCE SPECIALIST	CL	53,994.14	21,675.71	75,669.85	1800	42.04	7/1/03
MOONEY, BETH	HUMAN RESOURCE SPECIALIST	CL	53,994.14	22,232.63	76,226.77	1800	42.35	1/1/04
MOORE, MIKE	INSTRUCTOR	CE	82,774.90	19,873.51	102,648.41	1800	57.03	7/1/03
MOORE, MIKE	INSTRUCTOR	CE	82,774.90	19,834.63	102,609.53	1800	57.01	1/1/04
MOORE, SALLY	INSTRUCTOR	CE PAID CL	67,979.03	28,546.38	96,525.41	1800	53.63	7/1/03
MOORE, SALLY	INSTRUCTOR	CE PAID CL	67,979.03	28,507.50	96,486.53	1800	53.60	1/1/04
MORISON, ROBERT	MANAGER INST TECH SERVICE	CL	88,400.05	16,335.66	104,735.71	1800	58.19	
NADELL, ROBERT	DEAN COUNSELING/STUDENT DE	CE	108,704.87	18,970.16	127,675.03	1800	70.93	7/1/03
NADELL, ROBERT	DEAN COUNSELING/STUDENT DE	CE	108,704.87	19,527.08	128,231.95	1800	71.24	1/1/04
NELSON, JANICE	ACCOUNTING TECHNICIAN	CL	51,003.00	20,671.98	71,674.98	1800	39.82	7/1/03
NELSON, JANICE	ACCOUNTING TECHNICIAN	CL	51,003.00	21,250.14	72,253.14	1800	40.14	1/1/04
NELSON, KRIS	COORDINATOR MATRICULATION	CE	85,967.00	20,052.04	106,019.04	1800	58.90	
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHN	CE	105,371.23	23,627.07	128,998.30	1800	71.67	7/1/03
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHN	CE	105,371.23	23,588.19	128,959.42	1800	71.64	1/1/04
NOVISOFF, ANNA	OFFICE MANAGER	CL	46,212.00	19,707.12	65,919.12	1800	36.62	7/1/03

NOVISOFF, ANNA	OFFICE MANAGER	CL	49,074.70		21,134.45	70,209.15	1800	39.01	1/1/04
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	107,883.27 *		17,066.28	124,949.55	1800	69.42	7/1/03
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	107,883.27 *		17,644.44	125,527.71	1800	69.74	1/1/04
OH, TAMI	DISTRICT RISK MANAGER	CL	60,908.29		23,383.06	84,291.35	1800	46.83	
OKAWA, DAVID	DIRECTOR BOOKSTORE	CL	70,511.77		26,011.53	96,523.30	1800	53.62	
PALMER, SANDRA	EXEC. SEC III	/CONFIDENT	57,827.88		22,821.95	80,649.83	1800	44.81	7/1/03
PALMER, SANDRA	EXEC. SEC III	/CONFIDENT	57,827.88		23,400.11	81,227.99	1800	45.13	1/1/04
PEREZ, JENNIFER	ADMINISTRATOR ASSISTANT/PUB	CL	51,117.86		13,031.43	64,149.29	1800	35.64	7/1/03
PEREZ, JENNIFER	ADMINISTRATOR ASSISTANT/PUB	CL	51,117.86		13,675.23	64,793.09	1800	36.00	1/1/04
PEREZ, RICK	COUN/STDET DEV DEAN	CE	110,142.67		17,894.72	128,037.39	1800	71.13	
PFEIFFER, JODY	SECRETARY	CL	37,772.94		14,909.80	52,682.74	1800	29.27	
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	107,472.47		23,879.22	131,351.69	1800	72.97	7/1/03
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	107,472.47		23,840.34	131,312.81	1800	72.95	1/1/04
PHILLIPS, JIM	INSTRUCTOR	CE	87,825.07		16,998.81	104,823.88	1800	58.24	7/1/03
PHILLIPS, JIM	INSTRUCTOR	CE	87,825.07		17,555.73	105,380.80	1800	58.54	1/1/04
PIERCE, RITA	PROGRAM ASSISTANT	CL	43,460.57		9,264.00	52,724.57	1800	29.29	
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	CE	114,912.06		19,625.02	134,537.08	1800	74.74	7/1/03
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	CE	114,912.06		20,181.94	135,094.00	1800	75.05	1/1/04
POSNER, MARC	ADMINISTRATIVE ASSISTANT	CL	53,160.56		16,272.00	69,432.56	1800	38.57	7/1/03
POSNER, MARC	ADMINISTRATIVE ASSISTANT	CL	53,160.56		16,233.12	69,393.68	1800	38.55	1/1/04
PURTELL, VALENTINO	PROGRAM MANAGER	CL	51,233.63		12,696.51	63,930.14	1800	35.52	
RAMIREZ, JORGE	DEAN STDT SERVICES	CE	95,539.76		19,409.97	114,949.73	1800	63.86	7/1/03
RAMIREZ, JORGE	DEAN STDT SERVICES	CE	95,539.76		20,053.77	115,593.53	1800	64.22	1/1/04
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	110,142.67 *		20,534.77	130,677.44	1800	72.60	7/1/03
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	110,142.67 *		20,495.89	130,638.56	1800	72.58	1/1/04
RAUBOLT, JACK	DIST DIRECTOR INFORMATION S	CL	111,501.39 *		17,105.00	128,606.39	1800	71.45	7/1/03
RAUBOLT, JACK	DIST DIRECTOR INFORMATION S	CL	111,501.39 *		17,661.92	129,163.31	1800	71.76	1/1/04
REISH, PAT	MANAGER FACILITIES	CL	66,212.74		14,186.93	80,399.67	1800	44.67	
RIFFLE, BOB	INTERIM PLANT/FACILITY MANAG	CL						29.10	
RODGERS, CAROLANNE	INSTRUCTOR	CE PAID CL	82,774.90		29,270.99	112,045.89	1800	62.25	7/1/03
RODGERS, CAROLANNE	INSTRUCTOR	CE PAID CL	82,774.90		29,827.91	112,602.81	1800	62.56	1/1/04
ROSE, KAREN	SPECIAL PROJECT MANAGER		60,387.07		9,264.00	69,651.07	1800	38.70	7/1/03
SAUCEDO, ESTHER	HUMAN RESOURCE SPECIALIST	/CONFIDENT	52,006.22		21,575.01	73,581.23	1800	40.88	7/1/03
SAUCEDO, ESTHER	HUMAN RESOURCE SPECIALIST	/CONFIDENT	52,006.22		22,218.81	74,225.03	1800	41.24	1/1/04
ST JOHN, PAUL	INSTRUCTOR	CE	72,205.10		18,605.13	65,344.00	1800	36.30	7/1/03
ST JOHN, PAUL	INSTRUCTOR	CE	72,205.10		18,566.25	65,344.00	1800	36.30	1/1/04
SANBORN, JACKIE	DIVISION OFFICE MANAGER	CL	55,726.20		21,867.76	77,593.96	1800	43.11	7/1/04
SANBORN, JACKIE	DIVISION OFFICE MANAGER	CL	59,870.35		23,558.93	83,429.28	1800	46.35	3/1/04
SCHAUERMAN, SAM	INTERIM PRESIDENT	CE	133,269.00		0.00	133,269.00	1800	74.04	
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE	CL	73,941.95		15,302.42	89,244.37	1800	49.58	7/1/03
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE	CL	73,941.95		15,946.22	89,888.17	1800	49.94	1/1/04
SCOTT, MARA	COORDINATOR EOPS	CL	59,269.00		16,879.79	76,148.79	1800	42.30	
SIMPSON, BOB	DIVISION DEAN	CE	110,142.67		22,602.57	132,745.24	1800	73.75	7/1/03
SIMPSON, BOB	DIVISION DEAN	CE	110,142.67		22,563.69	132,706.36	1800	73.73	1/1/04
SMEAD, RICHARD	INSTRUCTOR	CE	67,979.02		18,098.00	86,077.02	1800	47.82	7/1/03
SMEAD, RICHARD	INSTRUCTOR	CE	67,979.02		18,059.12	86,038.14	1800	47.80	1/1/04
SMITH, FRANK	DIRECTOR ACAD. COMP TECHN	CE	91,299.27		18,457.71	109,756.98	1800	60.98	7/1/03

SMITH, FRANK	DIRECTOR ACAD. COMP TECHN	CE	91,299.27	19,014.63	110,313.90	1800	61.29	1/1/04
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	CL	56,989.26	13,172.19	70,161.45	1800	38.98	7/1/03
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	CL	56,989.26	13,729.11	70,718.37	1800	39.29	1/1/04
SPENCER, NORA	INSTRUCTOR	CE	67,979.02	11,793.08	79,772.10	1800	44.32	
SOTO, ABEL	REC-ADM TECHNICIAN	CL	51,251.58	20,740.02	71,991.60	1800	40.00	7/1/03
SOTO, ABEL	REC-ADM TECHNICIAN	CL	51,251.58	21,318.18	72,569.76	1800	40.32	1/1/04
SWAIN, RENEE	DIRECTOR CHILD DEVELOPMENT	CL	69,334.82	29,073.16	98,407.98	1800	54.67	
TAYLOR, CHRIS	COMPUTING ANALYST	CL	68,036.86	22,412.99	90,449.85	1800	50.25	
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	107,472.47	19,283.55	126,756.02	1800	70.42	7/1/03
TERRY, CHRISTINE	DEAN OF INSTRUCTION	CE	107,472.47	19,927.35	127,399.82	1800	70.78	1/1/04
TESAR, DAN	DIVISION DEAN	CE	107,472.47	20,841.90	128,314.37	1800	71.29	7/1/03
TESAR, DAN	DIVISION DEAN	CE	107,472.47	21,485.70	128,958.17	1800	71.64	1/1/04
THOMAS, CONNIE	EXEC. SEC III	/CONFIDENT	57,855.84	26,213.36	84,069.20	1800	46.71	7/1/03
THOMAS, CONNIE	EXEC. SEC III	/CONFIDENT	62,295.05	27,428.38	89,723.43	1800	49.85	10/1/03
THOMAS, CONNIE	EXEC. SEC III	/CONFIDENT	62,295.05	27,389.50	89,684.55	1800	49.82	1/1/04
TYRRELL, DONALD	COUNSELOR	CE	91,289.57	20,895.27	112,184.84	1800	62.32	7/1/03
TYRRELL, DONALD	COUNSELOR	CE	91,289.57	20,856.39	112,145.96	1800	62.30	1/1/04
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	CE	85,753.47	17,792.22	103,545.69	1800	57.53	7/1/03
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	CE	85,753.47	18,349.14	104,102.61	1800	57.83	1/1/04
WICKS, LORRAINE	COORDINATOR SENIOR PROJ	CE	87,199.49	21,446.46	108,645.95	1800	60.36	7/1/03
WICKS, LORRAINE	COORDINATOR SENIOR PROJ	CE	87,199.49	21,407.58	108,607.07	1800	60.34	1/1/04
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	102,701.03	16,774.99	119,476.02	1800	66.38	7/1/03
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	102,701.03	17,331.91	120,032.94	1800	66.68	1/1/04
WILLOUGHBY, DAN	INTERIM DEAN	CE	99,691.00	22,945.44	122,636.44	1800	68.13	
WILSON, MARCUS	INSTRUCTOR	CE	79,372.92	16,583.65	95,956.57	1800	53.31	7/1/03
WILSON, MARCUS	INSTRUCTOR	CE	79,372.92	17,227.45	96,600.37	1800	53.67	1/1/04
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASIN	CL	96,371.63	16,537.64	112,909.27	1800	62.73	7/1/03
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASIN	CL	96,371.63	17,094.56	113,466.19	1800	63.04	1/1/04
ZANDY, BEN	INSTRUCTOR	CE	84,888.45	15,858.93	100,747.38	1800	55.97	7/1/03
ZANDY, BEN	INSTRUCTOR	CE	84,888.45	16,502.73	101,391.18	1800	56.33	1/1/04
WASSENAAR, DAVE	DEAN ADMISSION/RECORDS	CE	107,472.47	23,879.22	131,351.69	1800	72.97	7/1/03
WASSENAAR, DAVE	DEAN ADMISSION/RECORDS	CE	107,472.47	23,840.34	131,312.81	1800	72.95	1/1/04
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFF	CL	109,115.67	17,112.50	126,228.17	1800	70.13	7/1/03
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFF	CL	109,115.67	17,690.66	126,806.33	1800	70.45	1/1/04
YOUNG, ELDON	DEAN LANGUAGE ARTS	CE	109,292.00	24,097.56	133,389.56	1800	74.11	

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$87000 (1/1/03)
Wage Base \$87900 (1/1/04)
Used average of \$87450
If Annual Salary of employee covered by Social Security over \$87450-Multiply 6.2% times excess
and deducted this amount from total benefits

SixTen and Associates Mandate Reimbursement Services

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Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim file copy

July 28, 2006

CERTIFIED MAIL # 7003 3110 0000 2900 4785

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

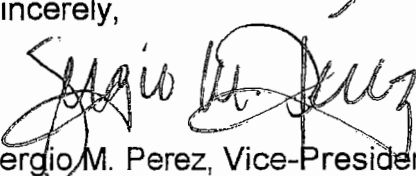
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

308/95	Enrollment Fee Collection and Waivers	1998-1999
308/95	Enrollment Fee Collection and Waivers	1999-2000
308/95	Enrollment Fee Collection and Waivers	2000-2001
308/95	Enrollment Fee Collection and Waivers	2001-2002
308/95	Enrollment Fee Collection and Waivers	2002-2003
308/95	Enrollment Fee Collection and Waivers	2003-2004
308/95	Enrollment Fee Collection and Waivers	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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(01) Claimant Identification Number: CC30105	Reimbursement Claim Data	
(02) Claimant Name North Orange County Community College District	(22) EFCW-1, (04)(A)(1)(a)(f)	57
County of Location Orange	(23) EFCW-1, (04)(A)(1)(b)(f)	3,186
Street Address or P.O. Box 1830 W. Romneya Drive	(24) EFCW-1, (04)(A)(2)(a)(f)	685,308
City State Zip Code Anaheim CA 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)	
Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>
Fiscal Year of cost	(06) 2005-2006	(12) 2004-2005
Total Claimed Amount	(07) \$ 1,068,800	(13) \$ 971,676
Less : 10% Late Penalty	(14) \$ -	(32) EFCW-1, (09)
Less : Prior Claim Payment Received	(15) \$ -	(33) EFCW-1, (10)
Net Claimed Amount	(16) \$ 971,676	(34)
Due from State	(08) \$ 1,068,800	(17) \$ 971,676
Due to State		(18)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Claudette E Dain 7/27/06

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

(38) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed ___/___/___	
	(21) LRS Input ___/___/___	

(01) Claimant Identification Number: CC30105		Reimbursement Claim Data	
(02) Claimant Name North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f)	57
(03) County of Location Orange		(23) EFCW-1, (04)(A)(1)(b)(f)	3,186
(04) Street Address or P.O. Box 1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f)	685,308
(05) City	(05) State	(05) Zip Code	(25) EFCW-1, (04)(B)(1)(a)(f)
Anaheim	CA	92801-1819	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f)
			333
(30) Fiscal Year of cost	(06) 2005-2006	(12) 2004-2005	(30) EFCW-1, (06)
			39
(31) Total Claimed Amount	(07) \$ 1,068,800	(13) \$ 971,676	(31) EFCW-1, (07)
			398,969
(32) Less : 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09)
			115,845
(33) Less : Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10)
			334,447
(34) Net Claimed Amount		(16) \$ 971,676	(34)
(35) Due from State	(08) \$ 1,068,800	(17) \$ 971,676	(35)
(36) Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Claudette E. Dain 7/27/06

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

(38) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

Program 67	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)

a. Preparing district policies & procedures for § IV.A.	\$ 56.90	\$ -	\$ -	\$ -	\$ -	\$ 56.90
b. Staff training (One time per employee)	\$ 3,186.40	\$ -	\$ -	\$ -	\$ -	\$ 3,186.40

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)

a. Calculating and collecting enrollment fees	\$ 685,308.35	\$ -	\$ -	\$ -	\$ -	\$ 685,308.35
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Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)

a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 332.96	\$ -	\$ -	\$ -	\$ -	\$ 332.96

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)

a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 331,116.92	\$ -	\$ -	\$ -	\$ -	\$ 331,116.92
c. Reporting BOG fee waiver data to CCC	\$ 2,996.64	\$ -	\$ -	\$ -	\$ -	\$ 2,996.64
(05) Total Direct Costs	\$ 1,022,998.17	\$ -	\$ -	\$ -	\$ -	\$ 1,022,998.17

Indirect Costs

(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]	39.00%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]	\$ 398,969.29
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	\$ 1,421,967.46

Cost Reduction

(09) Less: Enrollment Fee Revenue offset	\$ 115,845.00
(10) Enrollment Fee Waiver offsets	\$ 334,446.52
(11) Total Claimed Amount	\$ 971,675.94

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant n Orange County Community College District	(02) Fiscal Year 2004-2005
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renle Bursar	\$56.90	1.0	\$ 56.90				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 56.90	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant In Orange County Community College District	(02) Fiscal Year 2004-2005
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$56.90	56.0	\$ 3,186.40				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 3,186.40	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant In Orange County Community College District	(02) Fiscal Year 2004-2005
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various staff I Collecting fees	\$24.29	7,092.3	\$ 172,271.97				
Calculating total enrollment fee to be collected Various staff I Collecting fees	\$24.29	5,597.1	\$ 135,953.56				
Answering student's questions regarding enrollment fee collection Various staff I Collecting fees	\$24.29	7,617.6	\$ 185,031.50				
Maintaining written and computer records for enrollment fee information Various staff I Collecting fees	\$24.29	7,486.3	\$ 181,842.23				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Various staff I Collecting fees	\$24.29	36.9	\$ 896.30				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Various staff I Collecting fees	\$24.29	383.4	\$ 9,312.79				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 685,308.35	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
Claimant In Orange County Community College District		(02) Fiscal Year 2004-2005

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$41.62	8.0	\$ 332.96				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 332.96	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year 2004-2005
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses				Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Various staff II Waiving enrollment fees	\$24.17	2,058.7	\$ 49,758.78				
Receiving waiver applications Various staff II Waiving enrollment fees	\$24.17	3,088.1	\$ 74,639.38				
Evaluating waiver applications and verifying application documents Various staff II Waiving enrollment fees	\$24.17	3,713.1	\$ 89,745.63				
ing students of additional documentation requirements and how to obtain information Various staff II Waiving enrollment fees	\$24.17	206.6	\$ 4,993.52				
Entering approved application information into district records; providing student award letter Various staff II Waiving enrollment fees	\$24.17	4,334.6	\$ 104,767.28				
In case of denied applications, reviewing and evaluating information if denial is appealed by student Various staff II Waiving enrollment fees	\$24.17	298.4	\$ 7,212.33				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 331,116.92	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant th Orange County Community College District	(02) Fiscal Year <div style="text-align: right;">2004-2005</div>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$41.62	72.0	\$ 2,996.64				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 2,996.64	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
308/95 ENROLLMENT COLLECTIONS/WAIVERS

2004-2005

Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
04-05	1.00	Harter, Renie	Bursar	\$56.90	\$56.90	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
04-05	56.00	Harter, Renie	Bursar	\$56.90	\$3,186.40	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	57.00	Harter, Renie Total			\$3,243.30		
04-05	8.00	Larson, Nancy	Coordinator	\$41.62	\$332.96	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
04-05	72.00	Larson, Nancy	Coordinator	\$41.62	\$2,996.64	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$3,329.60		
04-05	7,092.30	Various staff I	Collecting fees	\$24.29	\$172,271.97	Referencing student accounts and records	Calculating and collecting enrollment fees
04-05	5,597.10	Various staff I	Collecting fees	\$24.29	\$135,953.56	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
04-05	7,617.60	Various staff I	Collecting fees	\$24.29	\$185,031.50	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
04-05	7,486.30	Various staff I	Collecting fees	\$24.29	\$181,842.23	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
04-05	36.90	Various staff I	Collecting fees	\$24.29	\$896.30	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
04-05	383.40	Various staff I	Collecting fees	\$24.29	\$9,312.79	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	28,213.60	Various staff I Total			\$685,308.35		
04-05	2,058.70	Various staff II	Waiving enrollment fees	\$24.17	\$49,758.78	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
04-05	3,088.10	Various staff II	Waiving enrollment fees	\$24.17	\$74,639.38	Receiving waiver applications	Waiving student fees
04-05	3,713.10	Various staff II	Waiving enrollment fees	\$24.17	\$89,745.63	Evaluating waiver applications and verifying application documents	Waiving student fees
04-05	206.60	Various staff II	Waiving enrollment fees	\$24.17	\$4,993.52	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
04-05	4,334.60	Various staff II	Waiving enrollment fees	\$24.17	\$104,767.28	Entering approved application information into district records; providing student award letter	Waiving student fees
04-05	298.40	Various staff II	Waiving enrollment fees	\$24.17	\$7,212.33	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	13,699.50	Various staff II Total			\$331,116.92		
	42,050.10	Grand Total			\$1,022,998.17		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

VIN #:

DATE: August 8, 2002

INSTITUTION:
 North Orange County Community College District
 1000 North Lemon Street

FILING REF.: The preceding
 Agreement was dated
 June 9, 1998

Fullerton CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/02	06/30/06	39.0	On-Campus	All Programs
PROV.	07/01/06	06/30/07	39.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.00

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

District: North Orange County CCD

Benie Harter
Employee Name

Bursar
Exact Position Title

Cypress (714) 484-7316
College/Department/Location Telephone #

12mo/11mo/10mo/hrv
Work year length

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: _____ 3 _____ 1 _____ 1 _____

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: _____ 50 _____ 50 _____ 50 _____

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 Benie Harter

Date 7-19-06

If you have any questions, please contact BENIE HARTER, at 714-484-7316

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

EFCW 1.6B

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

Original Fax

JUL 20 2006

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

Telephone #

12mo/11mo/10mo/hrly
Work year length

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: 8 8 8 8 8 8 8

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.

72 72 72 72 72 72 72

TOTALS:

80 80 80 80 80 80 80

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 [Signature]

Date 7/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2004-2005
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 4.
 Findings:

*EFC 1	78,803
Avg. time p/account	5.4
Total Time (in minutes)	<u>425536</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>7092.3</u>
*EFC 2	64,582
Avg. time p/student	5.2
Total Time (in minutes)	<u>335826</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>5597.1</u>
*EFC 1	78,803
Avg. time p/question	5.8
Total Time (in minutes)	<u>457057</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>7617.6</u>
*EFC 1	78,803
Avg. time p/file	5.7
Total Time (in minutes)	<u>449177</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>7486.3</u>
*EFC 4	402
Avg. time p/account	5.5
Total Time (in minutes)	<u>2211</u>
Per Hour	60
Hours Worked (** Activity 15)	<u>36.9</u>
*EFC 5	4,260
Avg. time p/student	5.4
Total Time (in minutes)	<u>23004</u>
Per Hour	60
Hours Worked (** Activity 16)	<u>383.4</u>

Conclusion: Findings will go forward to the EFCW-2.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2004-2005
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.
 Source: Schedules 3 and 4.
 Findings:

*EFW 6	22,058
Avg. time p/question	5.6
Total Time (in minutes)	<u>123525</u>
Per Hour	60
Hours Worked (** Activity 21)	2058.7
*EFW 6	22,058
Avg. time p/application	8.4
Total Time (in minutes)	<u>185287</u>
Per Hour	60
Hours Worked (** Activity 22)	3088.1
*EFW 6	22,058
Avg. time p/evaluation	10.1
Total Time (in minutes)	<u>222786</u>
Per Hour	60
Hours Worked (** Activity 23)	3713.1
*EFW 8	1,252
Avg. time p/application	9.9
Total Time (in minutes)	<u>12395</u>
Per Hour	60
Hours Worked (** Activity 24)	206.6
*EFW 7	20,806
Avg. time p/application	12.5
Total Time (in minutes)	<u>260075</u>
Per Hour	60
Hours Worked (** Activity 25)	4334.6
*EFW 8	1,252
Avg. time p/application	14.3
Total Time (in minutes)	<u>17904</u>
Per Hour	60
Hours Worked (** Activity 26)	298.4

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	3	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antonese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

- EFC 1 - Total number of students who enroll in the college
- EFC 2 - Total number of students who paid enrollment fees
- EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2004-2005
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 2B
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2004-05
PHR-Average
Various Staff - Collecting enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-FADept.-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-FADept.-Financial Technician/VA								
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Allen-Courtney, Akiyah	CC-A&R-Records Lead Specialist	\$27.54	\$28.67	\$31.33	\$32.29	\$34.90	\$34.44	\$35.32	\$36.49
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%				\$7.75	\$8.25	\$13.49	\$14.96	\$16.48
Alton, Meg	CC-A&R-Technician							\$12.99	\$22.17
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Support Staff				\$7.75	\$9.00		\$9.00	\$10.00
Beard, Claudia	FC-Bursar's Office-Account Clerk II		\$21.05	\$22.20	\$23.27	\$26.84	\$27.96	\$30.31	\$30.92
Bustos, Raymond	FC-FADept.-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Carter, Patricia	CC-Bursar's Office-Account Technician		\$17.38	\$21.70	\$24.04		\$24.76	\$27.66	\$28.75
Chang, David	CC-A&R-Evaluator								
Clark, Antionese	CC-A&R-Admissions Lead Specialist							\$21.02	\$25.90
Cobb, Keith	CC-FADept.-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-FADept.-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dean, Brian	CC-A&R-Technician				\$7.50	\$13.49	\$13.49	\$17.86	\$22.63
Dillon, Andrew	FC-A&R-Hourly Support Staff							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Filippi, Geovani	CC-A&R-Hourly Student						\$8.25	\$8.25	\$10.50
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Ford, Regina	CC-A&R-Registrar	\$37.54	\$37.39	\$37.73	\$38.84	\$55.40	\$40.08	\$41.80	\$50.86
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Giles, Ernice	CC-A&R-Evaluator							\$22.54	\$24.76
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FADept.-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	\$46.05	\$47.40	\$50.02	\$51.98	\$53.00	\$54.49	\$56.90	\$61.61
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk							\$7.50	\$7.75
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	\$25.15	\$26.23	\$28.22	\$27.63	\$33.36	\$31.50	\$32.50	\$32.63
Lam, Tina	FC-FADept.-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Larson, Nancy	FC-FADept.-Coordinator	\$30.59	\$31.40	\$31.65	\$34.68	\$39.62	\$38.30	\$41.62	\$41.27
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	\$38.85	\$36.62	\$37.96	\$35.77	\$39.57	\$40.32	\$38.95	\$38.88
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Maertens, Tina	CC-A&R-Clerical Assistant I				\$10.00	\$10.00	\$10.00	\$13.49	\$17.16
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II			\$20.12	\$21.79	\$24.35	\$24.66	\$27.04	\$29.03
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)						\$7.75	\$8.25	\$9.00
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	\$6.00	\$8.25	\$9.25	\$12.25	\$13.50			
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Miller, John	FC-Bursar's Office-Accounting Technician							\$28.69	\$28.75
Montenegro, Christy	CC-A&R-Technician			\$10.51	\$20.19	\$23.20	\$23.72	\$25.47	\$25.88
Morales, Lisa	CC-Bursar's Office-Account Technician	\$21.94	\$23.59	\$26.20	\$27.39	\$30.15	\$29.84	\$30.80	\$31.05
Mosley, Amelia	CC-A&R-Clerical Assistant			\$7.50	\$10.00	\$10.00	\$10.00	\$13.49	\$15.13
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Neri, Auria	CC-A&R-Hourly Student								\$8.25
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	\$20.28	\$21.90	\$25.61	\$29.21	\$31.52	\$31.29	\$32.28	\$32.37
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Quan, Linh	FC-Bursar's Office-Accounting Specialist					\$24.33	\$26.74	\$27.31	\$26.59
Ramos, Amanda	CC-A&R-Clerical Assistant I				\$7.50	\$8.25	\$8.25	\$13.49	\$15.13
Reyes, Elizabeth	CC-A&R-Hourly Student								\$8.25
Reza, Alan	CC-FADept.-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration					\$7.50	\$9.00	\$11.25	\$13.50
Salcedo, Daniel	FC-FADept.-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-FADept.-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoato, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Taylor, Toniesha	CC-A&R-Evaluator								\$23.56
Tran, Kimberly	CC-FADept.-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Truong, Duong	CC-A&R-Clerical Assistant				\$7.75	\$8.25	\$8.25	\$13.49	\$15.13
Truong, Phuc	CC-A&R-Hourly Student								\$8.25
Tushia, Nicol	FC-A&R-Evaluator	\$8.25	\$21.17	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-FADept.-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$20.72	\$22.65	\$24.19	\$23.42	\$24.34	\$24.45	\$24.29	\$24.90

Conclusion: Findings go forward to EFCW-2.

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 EFCW 1.7-2

RECEIVED

MAR 14 2006

Employee AVERAGE Time Record for Mandated Costs (I really didn't understand)
 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
 ENROLLMENT FEE COLLECTION/CASHIER FUNCTIONS

NOCCCD
 BUSINESS OFFICE

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

NOCCCD
 District

Financial Aid Cypress
 Department/Location

Jessica Adams
 Employee Name

Clerical Asst I
 Exact Position Title

247089
 Telephone #

12mo/11mo/10mo/hrly
 Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	Varies on question					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Jessica Adams Date 3/8/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
 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.

NOCED
 District
Maria G. Aguirre
 Employee Name

FC/FAO
 Department/Location
Financial Technician/Veterans Asst.
 Exact Position Title

⁷¹⁴ 992.7000 ext 25277 (12mo/11mo/10mo/hrly)
 Telephone # Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Maria G. Aguirre Date 3.23.06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
 District

FC/FAO
 Department/Location

Jose Alcaraz
 Employee Name

Financial Aid Technician
 Exact Position Title

27052
 Telephone #

12mo/11mo/10mo/hrly
 Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 [Signature] Date 3/23/06

If you have any questions, please contact Jose Alcaraz at 27052

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
District Department/Location

Akilah Allen-Courtney Records Lead Specialist
Employee Name Exact Position Title

(714)484-7433 12mo/11mo/10mo/hrly Fiscal Year: 98-99 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.

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	38	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Akilah Allen Date 3/22/06

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location

XX Arturo Almaraz XX Clerical Assistant-40%
 Employee Name Exact Position Title

XX 484-7410 X 2mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature DAVE WASSENAAR XX Date 3/23/06
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. _____
District

Admissions&Records/Cypress College
Department/Location

XX Meg Alton
Employee Name

XX Admissions and Records Technician
Exact Position Title

XX (714) 484-7349 XX (2mo) 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes); explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature Meg E. Alton XX Date 3/22/06
If you have any questions, please contact Dave Wassenaar A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

"fill out" "3 form"?

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District: NOCED Department/Location: Fuente Course A & R

Employee Name: AUAN AURE Exact Position Title: TECHNICIAN

Telephone #: 714.992.7591 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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: [Signature] Date: 3/10/06

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

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Fill out this form?

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions & Records/Fullerton
Department/Location

Jennifer Bassler
Employee Name

Hourly Support Staff - #0
Exact Position Title

714-992-7000
Telephone #

12mo 1mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	9					

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 Jennifer Bassler

Date 11 MAR, 2006

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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-SEA

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EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD District FC-Bursar's Office Department/Location
Claudia Beard Employee Name Account Clerk II Exact Position Title
992-7555 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 98-99 99-00 00-01 01-02 02-03 03-04 04-05 05-06
 Circle the years for which you are responding.

(714)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.						
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.						
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8	✓				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.						
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	6				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

4090

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 Claudia Beard Date 4-17-06

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD District
Raymond Bustos Employee Name
FC/PAO Department/Location
LIA Coordinator Exact Position Title
992 7055 Telephone # (12mo) Work year length(circle)
 Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.		4				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.		4				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>		3				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.		4				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Raymond Bustos Date 3-23-06

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

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

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How long 'd it take you to
fill out this form? 15

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

Noeccc
District
ROSELLE CALDERON-TENEZA
Employee Name

FINANCIAL AID OFFICE - Cypress College - SMT
Department/Location
FINANCIAL AID TECHNICIAN
Exact Position Title

(714) 484-7114
Telephone #
12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 3/9/04

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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MRP - 540 →

10 minutes to
EFCW 1.7-2 fill out
form.

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District: NOCCCD Department/Location: Bursar - Cypress
 Employee Name: Patricia Carter Exact Position Title: Acct tec
 Telephone #: 714 484 7314 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4	✓			4 per day	
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓		3 per day		
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					5 per day ^{40% of expenses}
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓	2 per day			
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3				4 per day	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4				4 per day	

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: Patricia A. Carter Date: 2-24-06
 If you have any questions, please contact Patricia A. Carter at 714 484 7314
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX DAVID CHANG XX EVALUATOR
 Employee Name Exact Position Title
 XX 484-7434 XX (12mo/11mo/10mo/hrly) Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>22</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature [Signature] XX Date 3/23/06
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484-7217
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

No. Org. Cty. Comm. Coll. Dist.
District

Admissions&Records/Cypress College
Department/Location

Antionese Clark
Employee Name

Admissions Lead Specialist
Exact Position Title

(714)484-7409
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 03/22/2006

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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-sent

How long did it take you to
fill out this form?

13

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCEDD
District
Keith Cobb
Employee Name

Financial Aid - Cypress College
Department/Location
Director of Financial Aid
Exact Position Title

714) 484-7116
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	12					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	6					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	12					

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 Keith Cobb Date 03/10/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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04-05 resources
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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCD District FC/FAO Department/Location
Carrie Cruz Employee Name Clerical Assistant Exact Position Title
992-8101 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <i>STUD ACCT</i>	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 [Signature] Date 3-23-06
 If you have any questions, please contact _____ at _____
 PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location

XX Brian Dean XX A+R Technician
 Employee Name Exact Position Title

XX 484-7347 XX 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature [Signature] XX Date 3-22-06
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484-7217
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

ALCOCO District Fullerton College A3R Department/Location
Andrew Dillman Employee Name Hourly Support Staff Exact Position Title
N/A Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 [Signature] Date Nov 16, 2006

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

N0000D District A&R/FC Department/Location
Hold DO Employee Name Evaluator Exact Position Title
(714) 992-7790 Telephone # 12mo/11mo/10mo/hry Work year length(circle)
 Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4 min.				X	
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4 min.				X	
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3 min.			X		
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3 min.			X		
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2 min.		X			
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2 min.		X			

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 [Signature] Date 3/16/04
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions & Records Fullerton Co.
Department/Location

SARA EALY
Employee Name

Office Clerk - Hourly
Exact Position Title

992-7591 12mo/11mo/10mo/hrly
Telephone # Work year length (circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Sara Ealy

Date 3/15/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Copied to 05/06 MEP → How long did it take you to fill out this form? 9

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOLCCD Department/Location Financial-Aid CC
 Employee Name Arnette Edwards Exact Position Title Financial Aid Specialist
 Telephone # 714 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 03/09/06

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location ADMISSIONS & RECORDS

Employee Name ANA FELIX

Exact Position Title ADMISSIONS/RECORDS SPECIALIST

Telephone # 992-7576

Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: ~~98-99~~ ~~99-00~~ ~~00-01~~ 01-02
~~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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Ana Felix

Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX Geovanni Filippi XX Student Hourly
 Employee Name Exact Position Title
 XX 484-7410 XX 12mo/11mo/10mo (circle) Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>30 sec</u> <u>1/1 min</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>1 min</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>2-10 min</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>2 min</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

X Employee Signature [Signature] XX Date 3-22-06
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location Admissions & Records

Employee Name Colleen Fitzgerald

Exact Position Title Admissions & Records Tech

Telephone # 714 997 5204 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Colleen Fitzgerald Date 3-16-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX Regina Jond XX Registrar
 Employee Name Exact Position Title
 XX 484-7433 XX (12mo/11mo/10mo/hrly) Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	20	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

X. Employee Signature _____ XX Date _____
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714) 484-7217
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions/Records - FC
Department/Location

Patricia Foster
Employee Name

Office Coordinator
Exact Position Title

992-7575 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Patricia Foster Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCO
District

Admissions
Department/Location

LISA FUNKOJA
Employee Name

Admissions Records Technician
Exact Position Title

714) 992-7569
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 [Signature]

Date 3/20/04

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX Ernice Giles XX Evaluator
 Employee Name Exact Position Title
 XX (714) 484-7431 XX 12mo / 11mo / 10mo / hrly Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Ernice Giles XX Date 3/23/06
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT
District

ADMISSIONS & RECORDS
Department/Location

ELIZABETH A. GUZMAN
Employee Name

ADMISSIONS & RECORDS TECHNICIAN
Exact Position Title

(714) 992-7578
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	6					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

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 Elizabeth A. Guzman

Date 3/16/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

Ha, Jacqueline

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How long did it take you to
fill out this form?

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EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCO
District

FAD / CC
Department/Location

JACKIE HA
Employee Name

FAS
Exact Position Title

714) 484-7118

Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15'					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15'					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10'					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10'					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/a					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Jackie Ha

Date 3/9/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
 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.

District: NOCCCD Department/Location: BURSAR'S OFFICE - CYPRESS COLLEGE
 Employee Name: RENIE HAETER Exact Position Title: MANAGER, CAMPUS ACCOUNTING
 Telephone #: 484-7316 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.						
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% of Students

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: Renie Haeter Date: 3-3-06

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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EFCW 1.7-2

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCD

Department/Location Bursar's Office - express

Employee Name Kevin Henry

Exact Position Title Cashier/Registration Clerk

Telephone # 714 679-3263

Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1 min.	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4 min.	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2 min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3 min.	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2 min.				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1 min.					✓

40% of students

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 [Signature]

Date 2-10-06

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Kanaan, Jihad

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FORM

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCED CC - BUREAU
 District Department/Location
JAY KANAAN ACCT TECH
 Employee Name Exact Position Title
 Telephone # (714) 484-7317 Work year length(circle) Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	9					✓

40% of students

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 [Signature] Date 2-24-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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reimbursed

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EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD District
FC/FAD Department/Location
Tina Lam Employee Name
Financial Aid Technician Exact Position Title
 (714) 992-9947 Telephone # 12mo/11mo/10mo/hry Work year length(circle) Fiscal Year: 98-99 99-00 00-01 01-02 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5-10 mins		used for BPB changed to 7.5			
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10 min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. STUD ACCT	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Tina Lam Date 3/22/06
 If you have any questions, please contact Tina Lam at (714) 992-9947
 PLEASE SUBMIT THIS INFORMATION BY _____ TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location FC/FAO

Employee Name Nancy Larson

Exact Position Title Coordinator

Telephone # 992-7059 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 98-99 99-00 00-01 01-02 02-03 03-04 04-05 05-06

Circle the years for which you are responding. all

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 [Signature]

Date 3/24/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

copy, original in
D/DC resources

Fill out "13 form"

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location Admission & Records / Fullerton College

Employee Name Stephen Ledezma

Exact Position Title Howly

Telephone # (714) 992-7591

Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>10 min</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2 min</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1 min</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>3 min</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>1 min</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>1 min</u>					

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 state accounting purposes only. PLEASE USE BLUE INK

Employee Signature [Signature]

Date 3/16/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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04/05 resources

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M.R.P. - SCMS

Fill out this form

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCED
District

CC Bursar
Department/Location

Maureen Leopold
Employee Name

Accounting Specialist
Exact Position Title

47318
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4min	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7min	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3min	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10min				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10min					✓

40% of Students

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 Maureen Leopold

Date 2/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

copy - original in 04-05
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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions and Records Fullerton College
Department/Location

Elizabeth Louiano
Employee Name

OFFICE CLERK - Hourly
Exact Position Title

(714) 992-7591 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 Elizabeth Louiano

Date 3-15-06

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. _____
District _____

Admissions&Records/Cypress College
Department/Location _____

XX Tina Maertens
Employee Name

XX Clerical Assistant I
Exact Position Title

XX 714-484-~~3744~~⁷³ XX 2mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2- <u>3</u> <i>insp</i>	X	BBB	changed to	2.5	
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature Tina Maertens XX Date 3/27/06

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 1 minute

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

N.O.C.C.C.D

Bursar - Fullerton College

District
Leslie Mahoney

Department/Location
Account Clerk II

Employee Name

Exact Position Title

714-992-7555

Telephone # 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1 min</u>	<input checked="" type="checkbox"/>				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>0</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1 min</u>	<input checked="" type="checkbox"/>				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>0</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>3 min</u>				<input checked="" type="checkbox"/>	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>2 min</u>					<input checked="" type="checkbox"/>

4090

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 Leslie Mahoney

Date 04-17-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

"Fill out" 3 forms

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD
Debra Martinez
Employee Name

A&R Fullerton College
A&R Technician
Department/Location
Exact Position Title

(714) 992-7577
Telephone # 12mo/11mo/10mo/hriv
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

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 Debra Martinez Date 3-16-06
If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

"Fill out" is form?

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions Records
Department/Location

Monica Martinez
Employee Name

Clerk (Transcripts) - Hourly
Exact Position Title

(714) 992-7591 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2 min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2 min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5 min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2 min					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1 min					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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 Monica Martinez

Date 3/15/06

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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OS-06 MRP →
- SSA

How long did it take you to fill out this form? 10 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

BURSAR'S OFFICE - CC
Department/Location

SARAH MEINERT
Employee Name

HOURLY - REGISTRATION
Exact Position Title

484-7317
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6min	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8min	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	9min	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8min				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10min					✓

40% of students

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 S. Meinert

Date 3.3.06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

Noccccd District Follerton College Department/Location
Jesus Menchaca Employee Name Hourly Clerk Exact Position Title
992-7591 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 [Signature] Date 03/15/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 5 MINUTES
EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District Nocecd

Department/Location PC BURSAR'S OFFICE

Employee Name John Miller

Exact Position Title Accounting Technician

Telephone # 714-992-7555
Work year length(circle) (2mo/11mo/10mo/hrly)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.						
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.						
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1 min.	✓				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.						
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5 min.				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7 min.					✓

40%

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 John Miller

Date 4/17/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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04 05 resources - def

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. _____

Admissions&Records/Cypress College

District _____

Department/Location _____

XX Christy Montenegro
Employee Name

XX Admissions & Records tech.
Exact Position Title

XX 714-484-7348 XX 12mo 11mo/10mo/hrlly
Telephone # Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
XX 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	
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1-3</u> min.	X					BFB changed to 2
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3-5</u> min	X					BFB changed to 4
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1-15</u> min	X					BFB changed to 1.5
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>2-5</u> min	X					BFB changed to 3.5
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] XX Date 03/22/06
If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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05-06 MKP
-BCAA

to complete this form
EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCO

Department/Location Bursars Cypress

Employee Name Lisa Morale

Exact Position Title Acct. Tech

Telephone # 714-484-7314 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	30				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	8					✓

40% of students

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 [Signature]

Date 2-24-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location Admissions & Records

Employee Name Rena Negrete

Exact Position Title A & R Tech

Telephone # 992-7789

Fiscal Year: 98-99 99-00 00-01 01-02

Work year length(circle) 12mo/11mo/10mo/hrly

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6 min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5 min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3 min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5 min					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5 min					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3 min					

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 Rena Negrete

Date 3/15/06

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location

Tuan Dustin Nguyen Admissions Lead Specialist
 Employee Name Exact Position Title

(714)484-7429 12mo/11mo/10mo/hriy Fiscal Year: 98-99 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.

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10 mins	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5 mins	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5 mins	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30 mins	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Tuan Nguyen Date 3/22/06

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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form

10 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCEED
District

FC/FAO
Department/Location

Elaine Oropeza
Employee Name

Financial Aid Technician
Exact Position Title

714-992-7054
Telephone #

(12mo) 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Elaine Oropeza

Date 3-23-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

WACCCD
District

STUDENT SERVICES / ADMISSIONS & Records
Department/Location

JOHN MICHAEL PATAKAS
Employee Name

Technician
Exact Position Title

(714) 992-7000
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 [Signature]

Date 3-16-2006

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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"fill out" is form?

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Fullerton College / A+R
Department/Location

Kandi Patterson
Employee Name

Evaluator
Exact Position Title

(714) 992-7572
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Kandi Patterson

Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to
fill out this form? 6 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

SC-BURJAR'S OFFICE / STUDENT SERVICES
2000 BLDG
Department/Location

LINH QUAN
Employee Name

ACCOUNTING SPECIALIST
Exact Position Title

714-992-7555 (12mo) 1mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	✓				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

4090

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 [Signature] Date 4-17-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX Amanda Ramos XX Clerical Assistant I
 Employee Name Exact Position Title
 XX 484-7410 XX (12mo/11mo/10mo/hrly) Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4.5 <i>work</i>	X		6.0	<i>changed to 4.5</i>	
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature *Amanda Ramos* XX Date 3-27-04
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX Elizabeth Reyes XX Student Hourly
 Employee Name Exact Position Title
 XX 484-7410 XX 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2.0	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2.0	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1.0	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2.0	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Elizabeth Reyes XX Date 3-22-06
 If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Copied to 05/06 MRP - SA How long it take you to fill out this form? 8 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCOCO Department/Location: Financial Aid / CC
 Employee Name: Alan Reza Exact Position Title: Financial Aid Technician

Telephone #: (714) 484-7114 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	30					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	25					

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: Alan Reza Date: 3/9/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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05-06 mrd
-SMB

FT JOHN ...
Fill out this form
EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

N00000
District

Bursar's Office Cypress College.
Department/Location

Daisy C. Rodriguez
Employee Name

Registration
Exact Position Title

484-7317 Telephone # 12mo/11mo/10mo/hrly Work year length (circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5 min.	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8 min.	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8 min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5 min.	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8 min.				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10 min.					✓

40% of students

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 [Signature]

Date 2-10-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
 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.

NOCCCD
 District
Daniel Salcedo
 Employee Name

FC/FAO
 Department/Location
Clerical Assistant I
 Exact Position Title

714-992-7050 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 D. P. Salcedo Date 3/23/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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05/06 nkrp
-SAB

How long 'd it take you to
fill out this form?

8

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

Cypress College - SAB

District _____

Department/Location _____

Employee Name Rebecca SANDOVAL

Exact Position Title C.C.

Telephone # _____

Fiscal Year: 98-99 99-00 00-01 01-02
02-03 03-04 04-05 05-06

X 47119

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	12-15					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	7					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

13.5

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 Rebecca Sandoval Date 3/9/04

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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3 min EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCED
District
Laurie Schwiebert
Employee Name

FC/PAO
Department/Location
Administrative Assistant I
Exact Position Title

992-7050
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Laurie Schwiebert

Date 3/23/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

ADMISSIONS & RECORDS
Department/Location

AMY SHRACK
Employee Name

ADMINISTRATIVE ASSISTANT II
Exact Position Title

714-992-7598
Telephone #

(12mo) 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 *Amy Shrack*

Date 3/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

ADMISSIONS & RECORDS - FULLERTON
Department/Location

AUDREY SMITH
Employee Name

SPECIALIST
Exact Position Title

992-7583
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Audrey Smith

Date 3/17/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

fill out form

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions & Records
Department/Location

Carolyn SoSoatu
Employee Name

OFFICE CLERK - Hourly
Exact Position Title

(114) 992-7591
Telephone #

(2mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3		✓			
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5-10 <i>used 5</i>				✓	
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	24			✓		
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4-5 <i>used 4</i>			✓		
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					✓
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					✓

BBB changed to 7.5

BBB changed to 4.5

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 [Signature]

Date March 15, 2006

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
District Department/Location

XX Toniesha Taylor XX Evaluator
Employee Name Exact Position Title

XX 484-7429 XX (2mo/11mo/10mo/hrly) Fiscal Year: 98-99 99-00 00-01 01-02
Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4-6	X				BIB changed to 5
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5-10	X				BIB changed to 7.5
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XI Employee Signature [Signature] XX Date 3/22/06

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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10

EFCW 1.7-2

MAR 14 2006

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

NOCCCD
BUSINESS OFFICE

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

NOCCCD
District

Fin-Aid / CC
Department/Location

Kimberly Tran
Employee Name

Financial Aid Tech.
Exact Position Title

X 48121
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	NA					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	NA					

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 Kimberly Tran

Date 3/9/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. _____
District _____

Admissions&Records/Cypress College
Department/Location _____

XX Duon Truong
Employee Name

XX Clerical Assistant
Exact Position Title

XX 4847410 XX 12mo/11mo/10mo/hriy
Telephone # Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] XX Date 3/22/06

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484 7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Org. Cty. Comm. Coll. Dist. Admissions&Records/Cypress College
 District Department/Location
 XX Phuc Truong XX Student Hourly
 Employee Name Exact Position Title

XX 484-7410 XX 12mo/11mo/10mo(hrly) Fiscal Year: 98-99 99-00 00-01 01-02
 Telephone # Work year length(circle) XX 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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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

XX Employee Signature [Signature] XX Date 3/27/06

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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-SEA

→ "fill out" "13" form? 2min
EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

North Orange County Community College
District

Admissions + Records
Department/Location

Nicol Tushli
Employee Name

Evaluator
Exact Position Title

714-992-7573 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Nicol Tushli Date 3-16-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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fill out

form

5 min. EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Fatima Villegas
Employee Name

992-7050
Telephone #

FC/PAO
Department/Location

Clerical Assistant
Exact Position Title

12mo/11mo/10mo/hrly
Work year length (circle)

Fiscal Year: 98-99 99-00 00-01 01-02
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer. <u>STUD ACCT</u>	5+					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Fatima Villegas Date 3/23/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.
 Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandi	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushla, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

- EFW 6 - Total number of enrollment fee waivers requested
- EFW 7 - Total number of enrollment fee waivers granted
- EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1999-00 through 2004-05
PHR-Average
Various Staff - Waiving enrollment fees

Staff	Title	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
Adams, Jessica	CC-Clerical Assistant I					\$7.50	\$14.75	\$14.30	\$14.30
Aguirre, Maria	FC-Financial Aid Technician								
Alcaraz, Jose	FC-Financial Aid Technician	\$21.09	\$22.93	\$26.87	\$26.27	\$30.27	\$30.08	\$31.35	\$33.67
Aure, R. Allan	FC-A&R-Technician	\$9.21	\$10.02	\$12.48	\$22.69	\$26.77	\$30.70		\$27.79
Bassler, Jennifer	FC-A&R-Hourly Staff Support				\$7.75	\$9.00		\$9.00	\$10.00
Bustos, Raymond	FC-VA Coordinator	\$25.68	\$26.31	\$29.32	\$29.28	\$33.26	\$33.98	\$35.36	\$36.09
Calderon-Teneza, Roselle	CC-Financial Aid Technician	\$17.15	\$19.85	\$21.98	\$22.31	\$26.81	\$27.04	\$28.27	\$30.37
Caro, Barbara	FC-A&R-Admissions Technician	\$26.28	\$27.98	\$30.57	\$30.56	\$33.51	\$33.02	\$35.50	\$34.71
Cobb, Keith	CC-Director, Financial Aid	\$20.41	\$22.00	\$25.97	\$26.34	\$30.42	\$30.34	\$36.81	\$52.62
Cruz, Carrie	FC-Clerical Assistant		\$6.75	\$8.25	\$16.66	\$20.79	\$21.21	\$23.01	\$25.34
Dillon, Andrew	FC-A&R-Hourly Staff Support							\$7.75	\$8.25
Do, Field	FC-A&R-Evaluator								
Ealy, Sara	FC-A&R-Hourly Office Clerk							\$7.75	\$9.00
Edwards, Arnette	CC-Financial Aid Specialist	\$7.50	\$7.50	\$17.71	\$22.10	\$26.24	\$28.01	\$31.43	\$31.39
Felix, Ana	FC-A&R-Specialist	\$27.84	\$30.62	\$34.74	\$34.02	\$37.23	\$36.82	\$38.71	\$40.95
Fitzgerald, Colleen	FC-A&R-Technician							\$9.00	\$12.25
Foster, Patricia	FC-A&R-Office Coordinator	\$20.90	\$31.99	\$40.46	\$42.32	\$45.94	\$44.91	\$47.84	\$46.44
Funaoka, Lisa	FC-A&R-Technician					\$8.25	\$10.00	\$21.88	\$22.89
Guzman, Elizabeth	FC-A&R-Technician	\$18.31	\$19.82	\$23.15	\$24.96	\$27.37	\$27.50	\$28.18	\$28.03
Ha, Jackie	CC-FAS	\$25.45	\$27.25	\$29.09	\$28.78	\$32.44	\$32.15	\$36.05	\$36.26
Lam, Tina	FC-Financial Aid Technician						\$23.59	\$24.40	\$26.38
Ledezma, Stephen	FC-A&R-Hourly					\$7.75	\$8.25	\$9.00	\$10.00
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Martinez, Debres	FC-A&R-Technician								
Martinez, Monica	FC-A&R-Hourly Transcript Clerk						\$7.75	\$8.25	\$9.00
Menchaca, Jesus	FC-A&R-Hourly Clerk								\$7.75
Negrete, Rena	FC-A&R-Technician	\$7.50	\$8.25	\$21.11	\$25.80	\$23.73	\$24.15	\$27.13	\$27.26
Oropeza, Elaine	FC-Financial Aid Technician	\$25.21	\$25.84	\$27.31	\$28.44	\$32.20	\$31.90	\$33.13	\$34.71
Patakas, John	FC-A&R-Technician								\$22.17
Patterson, Kandi	FC-A&R-Evaluator								
Reza, Alan	CC-Financial Aid Technician	\$6.75		\$7.75	\$7.75	\$13.79	\$21.47	\$25.83	\$26.96
Salcedo, Daniel	FC-Clerical Assistant I							\$23.08	\$23.92
Sandoval, Rebeca	CC-Financial Aid	\$23.12	\$23.68	\$26.46	\$26.72	\$30.22	\$29.73	\$31.52	\$34.77
Schwiebert, Laurie	FC-Administrative Asst. I	\$14.42	\$14.86	\$15.95	\$16.94	\$23.57	\$26.10	\$26.89	\$29.53
Shrack, Amy	FC-A&R-Administrative Asst. II	\$6.00	\$15.76	\$17.97	\$16.37	\$14.07	\$13.83	\$28.51	\$30.45
Smith, Audrey	FC-A&R-Specialist	\$20.70	\$22.41	\$27.95	\$32.05	\$32.58	\$30.91	\$32.35	\$32.29
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk							\$7.75	\$8.25
Tran, Kimberly	CC-Financial Aid Technician						\$17.83	\$25.33	\$27.44
Tushia, Nicol	FC-A&R-Evaluator	\$13.40	\$18.74	\$23.91	\$25.95	\$27.78	\$28.47	\$31.01	\$30.92
Villegas, Fatima	FC-Clerical Assistant					\$7.50	\$9.00	\$13.50	\$13.50
Average		\$17.73	\$20.13	\$23.45	\$24.48	\$24.36	\$24.94	\$24.17	\$25.11

Conclusion: Findings go forward to EFCW-2.

Copied to 05/06 MFP → How long did it take you to fill out this form? 15

EFCW 1.7-3

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

Noocco
District

Financial Aid - Cypress
Department/Location

Jessica Adams
Employee Name

Clerical Asst I
Exact Position Title

147089 Telephone # 12mo/11mo/10mo/hry Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>				

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 Jessica Adams Date 3/8/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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EFCW 1.7-3

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

District WOCOD Department/Location FC/FAO
Employee Name Maria G. Aguirre Exact Position Title Financial Aid Tech/Veteran Assst.

Telephone # 902.700.2527 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10				
Code 22 Receiving 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.	15				
Code 23 Evaluating Applications each application and verification documents for compliance with eligibility standards.	15				
Code 24 Incomplete Applications: notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15				
Code 25 Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20				
Code 26 Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	30				

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 M. Aguirre Date 3.22.06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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fill out this form?

39

EFCW 1.7-3

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

District WOCOD
Employee Name Jose Alcaraz

Department/Location FC/FAO
Exact Position Title Financial Aid Technician

Telephone # _____ Work year length(circle) 12mo/11 mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	1				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	1				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15				

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Employee Signature [Signature] Date 3/2
If you have any questions, please contact Jose Alcaraz at 27052

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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other resources

Aure, R. Allan

fill out this form?

EFCW 1.7-3

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

NCCCD
District
ALLAN AURE
Employee Name

Financial Counselor A & R
Department/Location
TECHNICIAN
Exact Position Title

714.992.7591 Telephone #
(2mo/11mo/10mo/hrly) Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office:					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 [Signature] Date 3/16/00

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

fill out this form?

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

NOCCCD
District

Admissions & Records/Fullerton
Department/Location

Jennifer Bassler
Employee Name

Hourly Support Staff
Exact Position Title

714-992-7000
ext. 29907

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office:					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature Jennifer Bassler

Date 16 Mar, 2006

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Fill out this form?

EFCW 1.7-3

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

District WOCOD Department/Location EC/FAC
 Employee Name Raymond Busto Exact Position Title LIA Coordinator
 Telephone # 992 7055 Work year length(circle) 12mo/11 mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 Raymond Busto Date 2-23-06
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 04/05/2006

Copied to 05/06 *MRP* → *SJA*

How long did it take you to fill out this form? 15

EFCW 1.7-3

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

Cypress College - Santa

NOCEDD
District
ROSELLE CALDERON-TENEZA
Employee Name

FINANCIAL AID OFFICE
Department/Location
FINANCIAL AID TECHNICIAN
Exact Position Title

(714) 484-7114
Telephone #
12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15				
Code 24 <u>Incomplete Applications</u> ; notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15				
Code 25 <u>Approved Applications</u> ; Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20				
Code 26 <u>Denied Applications</u> ; Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	20				

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 *Roselle Calderon-Teneza* Date 3/9/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO: _____

fill out this form?

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

700000
District

Admissions Office
Department/Location

Barbara Caro
Employee Name

Admissions Technician
Exact Position Title

992-7570
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature B. Caro

Date 3/16/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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-srb

How long did it take you to fill out this form? 10

EFCW 1.7-3

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

District NOCCECD

Department/Location Financial Aid / CYPRESS

Employee Name Keith Cobb

Exact Position Title Director of F.A.

714) 484-7116
Telephone #

12mo/11mo/10mo/hrly.
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	15				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15				

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 Keith Cobb

Date 03/10/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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05/06 m.k.p.
-SAA

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EFCW 1.7-3

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

District WOCOD Department/Location ECLAD

Employee Name Carrie Cruz Exact Position Title Clerical Assistant

Telephone # 992-8101 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	1				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	2				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2				

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 _____

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fill out this form?

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

ADCCCD
District

Fullerton College A&R
Department/Location

Andrew Dillon
Employee Name

Hourly Support Staff
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	1 2				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	1				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	2				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0				

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 A. C. Dillon

Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

NOCDD
District

AdR/FC
Department/Location

Field Do
Employee Name

Evaluator
Exact Position Title

(714) 992-7790
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2 min.				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature [Signature]

Date 3/16/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

fill out this form?

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

NOCCCD
District

Admissions & Records Fullerton CO
Department/Location

Sara Ealy
Employee Name

office clerk - Hourly
Exact Position Title

992-7591 Telephone #
12mo/11mo/10mo/9mo/8mo/7mo/6mo/5mo/4mo/3mo/2mo/1mo/1/2 Work year length (circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0				

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Employee Signature Sara Ealy

Date 3/15/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 05/06 MRP
 -S.M.

EFCW 1.7-3

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

District NOCED Department/Location Financial Aid CC
 Employee Name Arnette Edwards Exact Position Title Financial Aid specialist
 Telephone # 714 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly. Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	15				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	20				

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 [Signature] Date 03/09/06
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Felix, Ana

Fill out this form?

EFCW 1.7-3

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

District NOCCCD

Department/Location ADMISSIONS & RECORDS

Employee Name ANA

Exact Position Title ADMISSIONS/RECORDS SPECIAL

Telephone # 992-7576 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature Ana Felix Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

District NOCCCD

Department/Location Admissions & Records

Employee Name Colleen Fitzgerald

Exact Position Title Admissions & Records Tech

Telephone # 7145220463 Work year length(circle) 12mo/11mo/10mo/hrly.

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature Colleen Fitzgerald Date 3-16-05

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

fill out this form?

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

NOCDD
District

Admissions/Records - FC
Department/Location

Patricia Foster
Employee Name

Office Coordinator
Exact Position Title

992-7575 Telephone # 12mo/11mo/10mo/hry Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 Patricia Foster Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

NOCCCD
District

Admissions
Department/Location

LISA FUNAOKA
Employee Name

Admissions and Records Technician
Exact Position Title

714) 992-7569
Telephone #

(2mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature [Signature]

Date 3/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT
District

ADMISSIONS & RECORDS
Department/Location

ELIZABETH A. GUZMAN
Employee Name

ADMISSIONS & RECORDS TECHNICIAN
Exact Position Title

(714) 992-7578 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
<input checked="" type="checkbox"/> Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 Elizabeth A. Guzman Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 = mep
 -scott

How long did it take you to
 fill out this form? 12

EFCW 1.7-3

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

NOCCCD
 District

FAD - CC - TE II
 Department/Location

JACKIE HA
 Employee Name

FAS
 Exact Position Title

714) 484-7118 Telephone #
12mo/11mo/10mo/hrlly Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10'				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10'				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10'				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10'				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10'				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10'				

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Employee Signature Jackie Ha Date 3/9/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Fill out W3 form? 15min

EFCW 1.7-3

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

District W0000D Department/Location FC/FAO
Employee Name Tina Lam Exact Position Title Financial Aid Technician

Telephone # (714) 992-9947 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5mins				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office:	5min				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5 mins				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5mins				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10min				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	20min				

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Employee Signature Tina Lam Date 3/23/06
If you have any questions, please contact Tina Lam at (714) 992-9947
PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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04/05 resubmitted SA

Ledezma, Stephen

Fill out this form?

EFCW 1.7-3

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

District NOCCT

Department/Location Admission & Record / Fullerton College

Employee Name Stephen Ledezma

Exact Position Title Advisor

Telephone # (714) 992-7591

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1 min</u>				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 [Signature]

Date 3/16/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Fill out this form?

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

NOCCCD
District

Admissions and Records Fullerton College
Department/Location

Elizabeth Luviano
Employee Name

Office Clerk - HOURLY
Exact Position Title

(714) 992-7591 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0				

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Employee Signature Elizabeth Luviano Date 3-15-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

District NOCCCD

Department/Location A & R Fullerton College

Employee Name Debra Martinez

Exact Position Title Technician

714 992-7577

Telephone # 992-7577
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 Debra Martinez

Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Fill out this form?

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

NOC CCD
District

Admissions & Records
Department/Location

Monica Martinez
Employee Name

Transcript Clerk - Hourly
Exact Position Title

(314) 992-7511 Telephone # 12mo/11mo/10mo/1hrly Work year length (circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1 min				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Ø				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	Ø				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 Monica Martinez Date 03/16/05

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

NOCCCD
District

Fullerton College
Department/Location

Jesus Menchaca
Employee Name

HOURLY CLERK
Exact Position Title

992 - 7891 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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 [Signature]

Date 08/18/06

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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04/05 resources - see

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

District: NOCCCD Department/Location: Admissions & Records
 Employee Name: Rene Negrete Exact Position Title: A & R Tech
 Telephone #: 992-7789 Fiscal Year: 02-03 03-04 04-05 05-06
 Work year length(circle): 12mo/11mo/10mo/hrly
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3min				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature: [Signature] Date: 3/15/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

05/06 mee ~~same~~ fill out this form? 10 min.

EFCW 1.7-3

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

District WOCOD Department/Location FC/FAO
Employee Name Elaine Oropeza Exact Position Title Financial Aid Technician

Telephone # 714-992-7054 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	15				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	30				

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Employee Signature Elaine Oropeza Date 3-3-06

If you have any questions, please contact _____ at _____
PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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

NOCCCD
District

STUDENT SERVICES/ADMISSIONS & Records
Department/Location

JOHN MICHAEL PATAKAS
Employee Name

TECHNICIAN
Exact Position Title

714 ^{K25794} 992-7000
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office:					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature [Signature] Date 3-16-2006

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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

000000 District Fullerton College / A+R Department/Location

Kandi Patterson Employee Name Evaluator Exact Position Title

(914) 992-7572 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office:					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature Kandi Patterson Date 3/16/06

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Copied to [unclear] how long did it take just to fill out this form? 6 min

RECEIVED

MAR 14 2006

NOCCCD BUSINESS OFFICE

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

EFCW 1.7-3

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

District: NOCCCD Department/Location: Financial Aid Dept *-Cypress College 848*

Employee Name: Alan Reza Exact Position Title: Financial Aid Tech

Telephone #: (714) 484-7114 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	30				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	15				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	25				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	30				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	30				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15				

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: Alan Reza Date: 3/9/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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EFCW 1.7-3

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

District WOCOD
Employee Name Daniel Salcedo

Department/Location ECLAAD
Exact Position Title Clerical Assistant 1

Telephone # 714-992-7050
Work year length(circle) 2mo/11mo/10mo/hrly

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5				

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Employee Signature D. Salcedo Date 3/23/06

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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fill out this form? 8

EFCW 1.7-3

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

Cypress College - 540

District NUCCCO Department/Location J.N.AID

Employee Name Rebecca SANDOVAL Exact Position Title CC

Telephone # X47119 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	12-14				BFB changed to 13
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15-20				<i>WADA SWS</i> BFB changed to 17.5
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15-25				BFB changed to 20
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20-25				BFB changed to 22.5
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15-20				BFB changed to 17.5

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Employee Signature Rebecca Sandoval Date 3/9/04

If you have any questions, please contact _____ at _____
PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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Fill out this form? 3 min

EFCW 1.7-3

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

WOCOD
District
Laurie Schrieber
Employee Name

FC/FAO
Department/Location
Administrative Assistant I
Exact Position Title

992-7050
Telephone #

12mo 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	1				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	1				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5				

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 Laurie Schrieber

Date 3/23/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO: _____

fill out this form?

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

NOCCCD
District

ADMISSIONS & RECORDS
Department/Location

AMY SHRACK
Employee Name

ADMINISTRATIVE ASSISTANT II
Exact Position Title

714-992-7599 12mo/11mo/10mo/hrly.
Telephone # Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office. N/A					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards. N/A					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received. N/A					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents. N/A					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status. N/A					

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Employee Signature [Signature]

Date 3/20/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO: _____

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

NOCCCD
District

ADMISSIONS + RECORDS - FULLERTON
Department/Location

AUDREY SMITH
Employee Name

SPECIALIST
Exact Position Title

992-7583 (2mo) 1mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 09-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature Audrey Smith Date 3/17/06

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

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

NOCCCD
District

Admissions & Records
Department/Location

Carolyn Soloatu
Employee Name

OFFICE CLERK - HOURLY
Exact Position Title

(714) 992-7591
Telephone #

(12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5	<input checked="" type="checkbox"/>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	∅				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	∅				
Code 24 <u>Incomplete Applications</u> ; notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	∅				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	∅				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	∅				

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Employee Signature [Signature]

Date March 15, 2006

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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EFCW 1.7-3

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

NOC
District

Fin-Aid /cc
Department/Location

Kimberly Tran
Employee Name

Financial Aid Tech
Exact Position Title

X 48121
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	15				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10				

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Employee Signature Kimberly Tran

Date 3/9/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

North Orange County Community College
District

Admissions & Records
Department/Location

Nicol Tushla
Employee Name

Evaluator
Exact Position Title

714-990-7573
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 99-00 00-01 01-02
 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.					
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.					
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.					
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.					
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.					

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Employee Signature N. Tushla Date 3-16-06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

District W00000

Department/Location ECLPAC

Employee Name Fatima Villegas

Exact Position Title Chenical Assistant

Telephone # 992-1050

Fiscal Year: 99-00 00-01 01-02
02-03 03-04 04-05 05-06

Work year length(circle) 12mo/11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)			
		6	7	8	
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5+				
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	7				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5+				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	7				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10				

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 Fatima Villegas

Date 3/28/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO: _____

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Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2004-2005
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source	Totals						
		98-99	99-00	00-01	01-02	02-03	03-04	04-05
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Workload Multiplier

When preparing Form 1.7-2 and Form 1.7-3, for each step of the process in which the employee participates, indicate the relevant workload multiplier in the boxes to the right of the average time information. For example, the relevant multiplier for Code 11 on Form 1.7-2 may be multiplier EFC 1 below, that is, all students who enroll.

FORM 1.7-2 ENROLLMENT FEE COLLECTION FUNCTIONS

- EFC 1 Total number of students who enroll in the college
- EFC 2 Total number of students who paid enrollment fees
- EFC 3 Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

FORM 1.7-3 ENROLLMENT FEE WAIVER FUNCTIONS (BOGG, etc.)

- EFW 6 Total number of enrollment fee waivers requested
- EFW 7 Total number of enrollment fee waivers granted
- EFW 8 Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								1
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Intersession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (Mandate Coordinator)
 If you have any questions, please contact Kashu Vyas at 714-808-4725

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EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:	/ / / / / / / /							
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility	/ / / / / / / /							
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vas* Date: 7/18/06
Employee Name: (print) Kashmita Vas Position or Title: Accounting Specialist

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

*copy original to
04-05 10000000*

EFCW 1.8-3

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CCS

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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: *K. Vyas* Date 7/18/06
Employee Name: Keshmira Vyas Position or Title: Accounting Specialist

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Copy original in...

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728
Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327
Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122
Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893
Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853
Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309
Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

98-99 Total = 81,052 - SEA

99-00 Total = 80,935 - SEA

00-01 Total = 88,893 - SEA

01-02 Total = 88,897 - SEA

02-03 Total = 83,317 - SEA

03-04 Total = 76,868 - SEA

04-05 Total = 78,803 - verified - see cccco report directly below - SEA

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SEA

99-00 Total = 71,133 - SEA

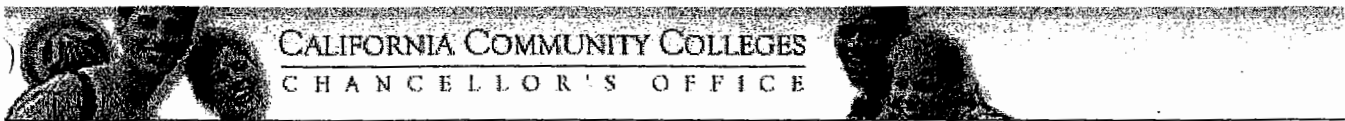
00-01 Total = 78,391 - SEA

01-02 Total = 78,141 - SEA

02-03 Total = 71,431 - SEA

03-04 Total = 64,723 - SEA

04-05 Total = 64,582 - SEA



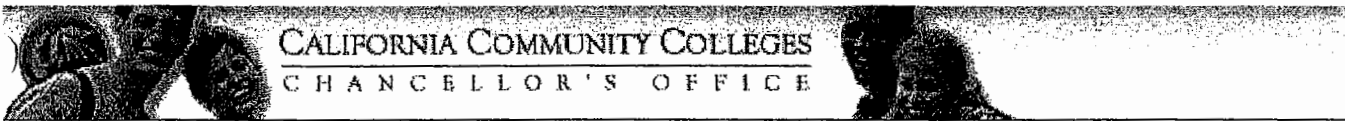
Student Demographics

**Student Total Headcount For Cypress
For 2004 Fall Term**

Data Current As Of July 12, 2006 10:21:20

Total Headcount	13,423
------------------------	---------------

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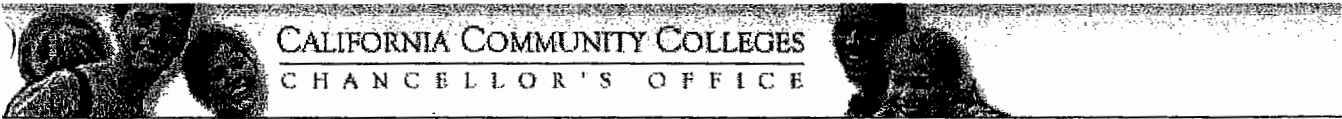
Student Demographics

**Student Total Headcount For Cypress
For 2005 Spring Semester**

Data Current As Of July 12, 2006 10:23:48

Total Headcount	13,077
------------------------	--------

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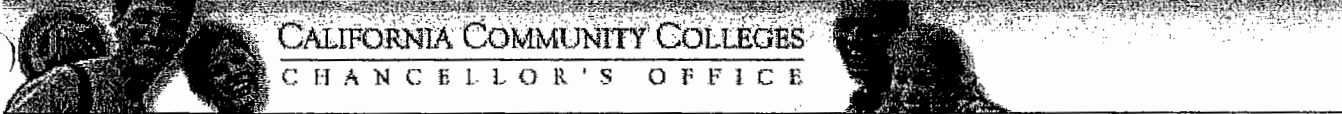
Student Demographics

Student Total Headcount For Cypress For 2005 Summer Term

Data Current As Of July 12, 2006 11:24:01

Total Headcount	4,942
------------------------	--------------

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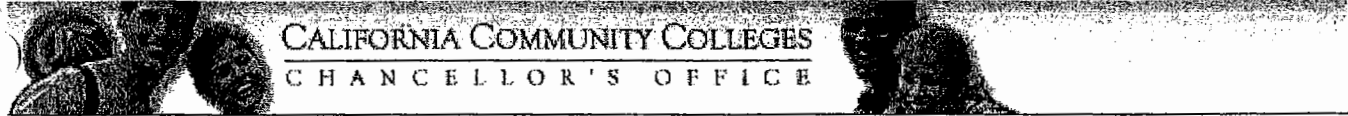
Student Demographics

**Student Total Headcount For Fullerton
For 2004 Fall Term**

Data Current As Of July 12, 2006 10:35:00

Total Headcount	19,895
------------------------	---------------

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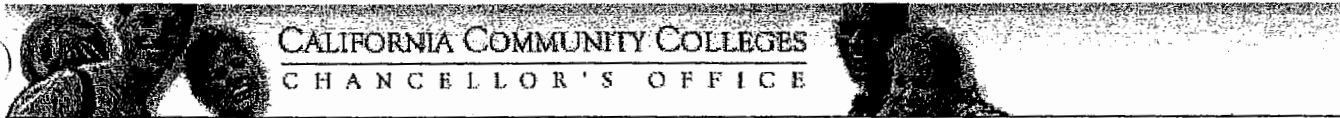
Student Demographics

**Student Total Headcount For Fullerton
For 2005 Spring Semester**

Data Current As Of July 12, 2006 10:35:37

Total Headcount	18,847
------------------------	--------

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Student Demographics

Student Total Headcount For Fullerton For 2005 Summer Term

Data Current As Of July 12, 2006 11:24:24

Total Headcount	8,619
------------------------	-------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals
 Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

verified these #'s
 are same as BOGG waivers
 per CCCO website - SGA

See following
 2 pages - SGA

98-99 - Total - 9,936 - SGA
 99-00 - Total - 9,802 - SGA
 00-01 - Total - 10,502 - SGA
 01-02 - Total - 10,756 - SGA
 02-03 - Total - 11,886 - SGA
 03-04 - Total - 12,145 - SGA
 04-05 - Total - 14,221 - SGA

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
 Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton
Fall 1998		Pre-Banner Term
Spring 1999		Pre-Banner Term
Summer 1999		Pre-Banner Term
Fall 1999		Pre-Banner Term
Spring 2000		Pre-Banner Term
Summer 2000		Pre-Banner Term
Fall 2000		Pre-Banner Term
Spring 2001		Pre-Banner Term
Summer 2001		Pre-Banner Term
Fall 2001	3	4
Spring 2002	7	6
Summer 2002	22	5
Fall 2002	163	8
Spring 2003	34	11
Summer 2003	38	8
Fall 2003	200	64
Spring 2004	18	12
Summer 2004	70	13
Fall 2004	168	72
Spring 2005	66	57
Summer 2005	5	34

Broke Down into FY's the way
 client did on Page 1 of 6 for 1- Total
 Number of Students Enrolled in College - SGA

08-99
 99-00
 00-01
 Total 47 - SGA 01-02
 Total 262 - SGA 02-03
 Total 377 - SGA 03-04
 Total 402 - SGA 04-05

California Home

Wednes



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2004-2005

Data Current As Of July 12, 2006 11:20:07

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	160	65,157
BOGW - Part B based on income standards	3,862	1,527,347
BOGW - Part C based on financial need	2,672	1,259,421

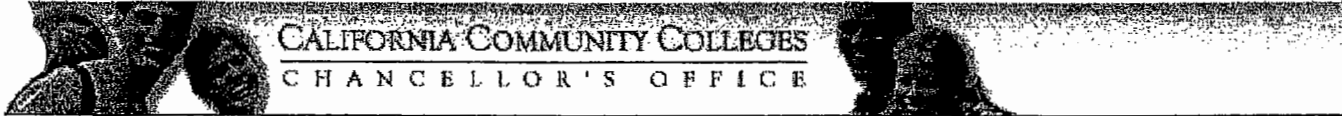
Total Unduplicated Count = 6,584
Total Amount = \$ 2,851,925

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Wednes

**Student Financial Aid Awards**

Fullerton College
Financial Aid Count and Amount By type
For 2004-2005

Data Current As Of July 12, 2006 11:21:42

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	139	51,010
BOGW - Part B based on income standards	3,911	1,564,779
BOGW - Part C based on financial need	3,681	1,891,893

Total Unduplicated Count = 7,637

Total Amount = \$ 3,507,682

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have District Totals
Source: Banner

Term	Cypress & Fullerton Combined	
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into FY's the way client did on pg. 1 of 6 for 1- Total Number of Students Enrolled in College - SAA

98-99
99-00
00-01
Total = 3,599 - SAA 01-02
Total = 4,298 - SAA 02-03
Total = 4,402 - SAA 03-04
Total = 4,260 - SAA 04-05

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund #s are overstated - see page 6 of 6 - Scott

Term	Cypress	Fullerton	
Fall 1998	-	-	Pre-Banner Term
Spring 1999	-	-	Pre-Banner Term
Summer 1999	-	-	Pre-Banner Term
Fall 1999	-	-	Pre-Banner Term
Spring 2000	-	-	Pre-Banner Term
Summer 2000	-	-	Pre-Banner Term
Fall 2000	-	-	Pre-Banner Term
Spring 2001	-	-	Pre-Banner Term
Summer 2001	-	-	Pre-Banner Term
Fall 2001	26	6,748	
Spring 2002	18	6,043	
Summer 2002	4	2,425	
Fall 2002	25	7,304	
Spring 2003	2	7,524	
Summer 2003	1	2,307	
Fall 2003	8	6,851	
Spring 2004	7	6,233	
Summer 2004	64	2,204	
Fall 2004	2,658	4,318	
Spring 2005	2,304	4,042	
Summer 2005	880	1,470	

99-99 - Broke Down into FY15 the way Client did on Page 1 of 6 for 1. Total Number of Students Enrolled in College - Scott

00-01
 01-02
 02-03
 03-04
 04-05
 Not Used - Revised #15 emailed to GIO on 7-13-06 - Scott see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton	
1998-99	4,666	5,270	*: Pre-banner Year, so used same number as #3
1999-00	4,777	5,025	*: Pre-banner Year, so used same number as #3
2000-01	4,902	5,600	*: Pre-banner Year, so used same number as #3
2001-02	8,993	9,839	- Total 01-02 - 18,832 - Scott
2002-03	8,205	9,478	- Total 02-03 - 17,683 - Scott
2003-04	10,475	10,287	- Total 03-04 - 20,762 - Scott
2004-05	10,259	11,799	- Total 04-05 - 22,058 - Scott

verified these #15 are same as BOEHS waivers per ceo website - Scott
 - See Comparison Sch. Client's #15 higher by 6,585

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton	
1998-99	4,666	5,270	*: Pre-banner Year, so used same number as #3
1999-00	4,777	5,025	*: Pre-banner Year, so used same number as #3
2000-01	4,902	5,600	*: Pre-banner Year, so used same number as #3
2001-02	8,507	9,507	Total 01-02 - 18,014 - Scott
2002-03	7,851	8,934	Total 02-03 - 16,785 - Scott
2003-04	9,132	9,407	Total 03-04 - 18,539 - Scott
2004-05	9,764	11,042	Total 04-05 - 20,806 - Scott

oops - I meant this for waivers Granted/Approved Not for Requested - See Comparison Sheet directly below - Scott

Client used CCCCO website data for these #'s. Other clients' data that was provided was usually lower than this #. P/Sergio - at this late date go w/ the data supplied by client

*This is the wo client has broken-out -
 This is the wo CCCCO website has FY data broken out*

1. EFCW 1.8-1 - Ques. #1 - Number of students enrolled each fiscal year. (Not FTE's)

Period	98-99		99-00		00-01		01-02		02-03		03-04		04-05	
	CCCO		CCCO		CCCO		CCCO		CCCO		CCCO		CCCO	
Summer													Fall 04	Summer 04
Fall													Spring 05	Fall 04
Spring													Summer 05	Spring 05
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. EFCW 1.8-3 - Ques. #2 - Number of enrollment fee waivers approved (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCO		CCCO		CCCO		CCCO		CCCO		CCCO	
Totals	9,802	9,802	10,502	10,502	18,014	10,756	16,785	11,886	18,539	12,145	20,806	14,221
Difference	0		0		7,258		4,899		6,394		6,585	

Client used CCCO #'s Client used CCCO #'s Clients #'s higher Clients #'s higher Clients #'s higher Clients #'s higher

Normally we ask client - why higher? - But at this late date Sergio said to go w/ clients #'s

3. EFCW 1.8-4 - Ques. #4A - Total Enrollment Fees Waived (BOGG, etc.)

	99-00		00-01		01-02		02-03		03-04		04-05	
	CCCO		CCCO		CCCO		CCCO		CCCO		CCCO	
Totals	\$3,110,245	\$3,110,245	\$3,176,990	\$3,176,990	\$1,922,055	\$1,922,055	\$2,504,265	\$2,504,265	\$3,820,034	\$3,820,034	\$6,359,607	\$6,359,607
Difference	0		0		0		0		0		0	

Client used CCCO #'s Client used CCCO #'s Client used CCCO #'s Client used CCCO #'s Client used CCCO #'s Client used CCCO #'s

These #'s good client used CCCCO website #'s - & we have usually gone w/ CCCCO #'s over client #'s

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	-
2002-03	354	-
2003-04	1,343	-
2004-05	495	-

332 Total 01-02 = 818 - 546
 544 Total 02-03 = 898 - 354
 880 Total 03-04 = 2,223 - 1,343
 757 Total 04-05 = 1,252 - 495
 } = Sch. 4 EFW 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

Schedule 5
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2004-05
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.8-4 and attachments from district office.
 Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156

This data is for comparison with CCCCO 2% calculation directly below *sch. 5A - same*

1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192

(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 04-05 - unit fee				
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382
	Fall Spring			98,476	95,586	96,382	110,925
	Winter/Interssion						
	Spring Summer			15,952	13,488	17,086	18,034
	Total # of credits		288,818	204,603	207,735	208,683	239,341
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800

Summary							
1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717					
1.8-4 5	Credit Units Waived		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992

Sche
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-2000 to 2004-2005
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96	
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92	
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64	
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52	
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00	
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)	
Offset Amount to Claim			To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52

Conclusion: If line 8 is negative, then line 6 - "Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7 - "Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2004-2005 SECOND PRINCIPAL APPORTIONMENT EXHIBIT A

DISTRICT: North Orange County
COUNTY: Orange

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2005	JUNE PAYMENT	TOTAL PAID THRU JUNE 2005
GENERAL APPORTIONMENT	\$52,324,675	\$50,726,580	\$-3,045,119	\$47,681,461
ENROLL FEE ADMIN (2%)	115,845	99,627	16,218	115,845
APPRENTICE ALLOWANCE	19,226	16,518	2,708	19,226
BASIC SKILLS	0	0	0	0
PARTNERSHIP FOR EXCEL.	5,966,536	5,131,221	835,315	5,966,536
S. F. A. A.	1,006,374	875,801	130,573	1,006,374
E. O. P. S.	1,990,771	1,710,684	280,087	1,990,771
C. A. R. E.	271,923	233,853	38,070	271,923
D. S. P. S.	1,956,601	1,674,451	282,150	1,956,601
STATE HOSPITALS	0	0	0	0
CALWORKS	598,082	514,351	83,731	598,082
MATRICULATION (CREDIT)	1,053,628	897,520	156,108	1,053,628
MATRIC. (NONCREDIT)	1,123,191	965,944	157,247	1,123,191
FAC. & STAFF DIVERSITY	30,817	21,905	8,912	30,817
PART-TIME FACULTY INS.	8,996	0	8,996	8,996
PART-TIME FACULTY OFFIC	668,505	0	668,505	668,505
PART-TIME FACULTY ALLOC	1,561,487	1,342,879	218,608	1,561,487
BLOCK GRANT (ONE-TIME)	708,590	609,387	99,203	708,590
ECON. DEVELOPMENT	1,441,268	1,166,913	43,752	1,210,665
TELECOMMUNICATIONS	122,612	63,119	59,493	122,612
TANF	140,259	120,623	19,636	140,259
VTEA LEADERSHIP	0	0	0	0
VTEA TECH. PREP.	103,200	26,832	59,856	86,688
VTEA TITLE I C	802,258	156,440	517,457	673,897
PLANT & INSTRUCTIONAL	794,795	683,524	111,271	794,795
PRIOR YEAR CORRECTION	-1,072,035	-1,096,956	24,921	-1,072,035
TOTAL	\$71,737,604	\$65,941,216	\$777,698	\$66,718,914

FISCAL SERVICES: 06/23/05 16:14

J:\PBF\2004-05\P2_Pay_Schedule\Exhibits\EX_A_DIST.DOC

EFCW 1.8-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
#9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
#10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
#11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
#12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$	/	/	/	/	/	/
#13 5 Number of credit units for which enrollment fees were waived.	/	/	/	/	/	/	/	/
Summer	/	/	/	/	/	/	/	/
Fall	/	/	/	/	/	/	/	/
Winter/Intersession	/	/	/	/	/	/	/	/
Spring	/	/	/	/	/	/	/	/
TOTAL x \$0.91 per credit	/	/	/	/	/	/	/	/

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: *K. Vyas*
Employee Name: (print) Kashmira Vyas

Date 7/18/06
Position or Title 7/18/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
#9 1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
#10 2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
#11 3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
#12 4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$	/	/	/	/	/	/
#13 5 Number of credit units for which enrollment fees were waived.	/	/	/	/	/	/	/	/
Summer	/	/	/	/	/	/	/	/
Fall	/	/	/	/	/	/	/	/
Winter/Intersession	/	/	/	/	/	/	/	/
Spring	/	/	/	/	/	/	/	/
TOTAL x \$0.91 per credit	/	/	/	/	/	/	/	/

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 _____

Employee Name: (print) _____ Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. *******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. ******

Academic Year	Cypress	Fullerton
1998-99		
1999-00		
2000-01		
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - SAA
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - SAA
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - SAA
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - SAA

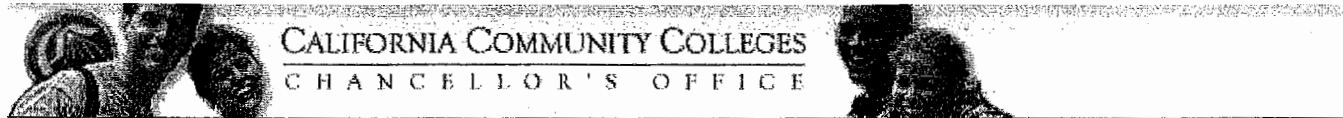
12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	88-99 Total 3,366,725 - SAA
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - SAA
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - SAA
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - SAA
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - SAA
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - SAA
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - SAA

- Same as CCCO report see following 2 pages - SAA



Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2004-2005

Data Current As Of July 12, 2006 11:20:07

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	160	65,157
BOGW - Part B based on income standards	3,862	1,527,347
BOGW - Part C based on financial need	2,672	1,259,421

Total Unduplicated Count = 6,584
Total Amount = \$ 2,851,925

[Back to Top of Page](#)

[California Home](#)

Wednes

**Student Financial Aid Awards**

**Fullerton College
Financial Aid Count and Amount By type
For 2004-2005**

Data Current As Of July 12, 2006 11:21:42

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Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	139	51,010
BOGW - Part B based on income standards	3,911	1,564,779
BOGW - Part C based on financial need	3,681	1,891,893

Total Unduplicated Count = 7,637

Total Amount = \$ 3,507,682

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308/95 Enrollment Fee Collection and Waivers

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13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year: Cypress Fullerton

8-99	Fall 1998			Not Applicable for this Term per SixTen Form
	Spring 1999			Not Applicable for this Term per SixTen Form
	Summer 1999			Not Applicable for this Term per SixTen Form
	Fall 1999			Not Applicable for this Term per SixTen Form
9-00	Spring 2000			Not Applicable for this Term per SixTen Form
	Summer 2000			Not Applicable for this Term per SixTen Form
	Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
10-01	Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
	Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
10-01	2000/01 Year	138,142	150,676	For this year, Annual amount calculated as Annual amount from #12 above / \$11.00 per unit for this year.
	Fall 2001	42,259	47,916	
01-02	Spring 2002	45,262	53,214	01-02 Total = 204,603 - 845
	Summer 2002	6,949	9,003	
	Fall 2002	45,508	53,153	
02-03	Spring 2003	43,929	51,657	02-03 Total = 207,735 - 845
	Summer 2003	5,533	7,955	
	Fall 2003	45,883	49,332	
03-04	Spring 2004	45,390	50,992	03-04 Total = 208,683 - 845
	Summer 2004	7,140	9,946	
	Fall 2004	49,772	60,610	
04-05	Spring 2005	49,619	61,306	04-05 Total = 239,344 - 845
	Summer 2005	7,011	11,023	

00-01 Total 288,818 - 845

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of students enrolled each fiscal year. (Not FTE's)								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								
2. Number of students who paid enrollment fees:								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								
3. Number of students exempted from paying enrollment fees (BOGG, etc):								
Summer								
Fall								
Winter/Interession <i>N/A</i>								
Spring								
Total								

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: *K. Vyas* Date 7/10/06
 Employee Name: (print) Kashu Vyas Position or Title Accounting Specialist (Mandate Coordinator)

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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**308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WORKLOAD STATISTICS REPORT**

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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 _____

Employee Name: (print) _____ Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

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of resources*

✓ **308/95 ENROLLMENT FEE COLLECTION AND WAIVERS**
ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CES

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data.*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
# 6 1. Number of enrollment fee waivers requested (BOGG etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
EM 2. Number of enrollment fee waivers approved (BOGG, etc.)	/	/	/	/	/	/	/	/
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

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 _____

Employee Name: (print) _____ Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 of resources*

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: Wash Orange County CSD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided. *See attached for data*

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Enrollment Fees Collected	\$	\$	\$	\$	\$	\$	\$	\$
2. Enrollment Fees Refunded	\$	\$	\$	\$	\$	\$	\$	\$
3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$	\$	\$	\$	\$	\$
4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$	\$	\$	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$	\$	\$	\$	\$	\$
4C. 7% Enrollment Fees Waived (Line 4A x 7%)	\$	\$						
5 Number of credit units for which enrollment fees were waived.								
Summer								
Fall								
Winter/Intersession								
Spring								
TOTAL x \$0.91 per credit								

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 _____

Employee Name: (print) _____ Position or Title _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

*Copy original in
state resources*

Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. *******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2-03	1,798,244	3,317,202
3-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. ******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

11. Total Enrollment Fee Revenue net each Year

XTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
1998-99	-	-	Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
1999-00	-	-	Pre-Banner Year (estimated as of 1/15/00 per report submitted to CCCO)
2000-01	-	-	Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)
2001-02	1,867,865	3,261,011	-01-02 Total = 5,128,876 - <i>SAA</i>
2002-03	1,808,900	3,318,040	-02-03 Total = 5,126,940 - <i>SAA</i>
2003-04	2,671,780	4,927,140	-03-04 Total = 7,598,920 - <i>SAA</i>
2004-05	3,898,271	6,859,515	-04-05 Total = 10,757,786 - <i>SAA</i>

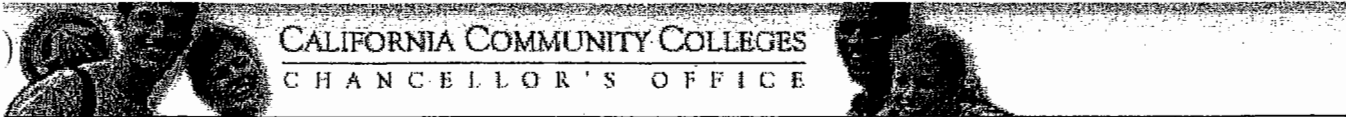
12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton	
1998-99	1,674,457	1,692,268	88-99 Total 3,366,725 - <i>SAA</i>
1999-00	1,547,873	1,562,372	99-00 Total 3,110,245 - <i>SAA</i>
2000-01	1,519,558	1,657,432	00-01 Total 3,176,990 - <i>SAA</i>
2001-02	915,185	1,006,870	01-02 Total 1,922,055 - <i>SAA</i>
2002-03	1,157,612	1,346,653	02-03 Total 2,504,265 - <i>SAA</i>
2003-04	1,809,595	2,010,439	03-04 Total 3,820,034 - <i>SAA</i>
2004-05	2,851,925	3,507,682	04-05 Total 6,359,607 - <i>SAA</i>

*See following pgs.
Verified same as
CCCO report
-SAA*



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 1999-2000**

Data Current As Of July 12, 2006 11:18:43

[Download The Result In Comma Delimited Format](#)

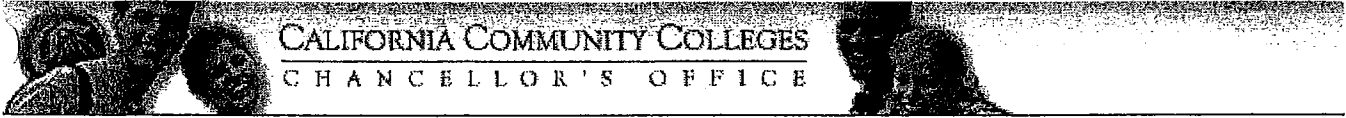
Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	14	2,839
BOGW - Part A-2 based on SSI recipient status	26	2,951
BOGW - Part A-4 based on Veteran's or National Guard dependent status	14	3,245
BOGW - Part A basis unreported	104	13,845
BOGW - Part B based on income standards	2,319	400,454
BOGW - Part C based on financial need	3,101	1,124,539

**Total Unduplicated Count = 4,777
Total Amount = \$ 1,547,873**

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Wednes



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 1999-2000

Data Current As Of July 12, 2006 11:20:41

[Download The Result In Comma Delimited Format](#)

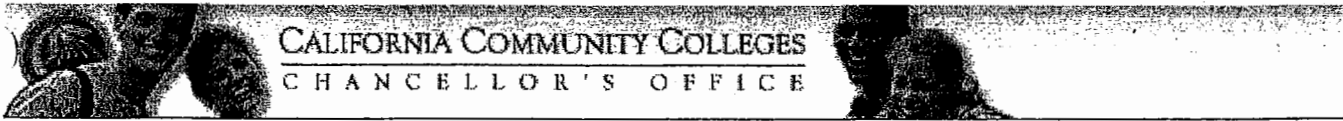
Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	24	3,099
BOGW - Part A-2 based on SSI recipient status	39	4,749
BOGW - Part A-3 based on general assistance recipient status	1	209
BOGW - Part A-4 based on Veteran's or National Guard dependent status	11	2,540
BOGW - Part A basis unreported	160	25,618
BOGW - Part B based on income standards	2,286	442,209
BOGW - Part C based on financial need	3,201	1,083,948

Total Unduplicated Count = 5,025

Total Amount = \$ 1,562,372

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Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2000-2001**

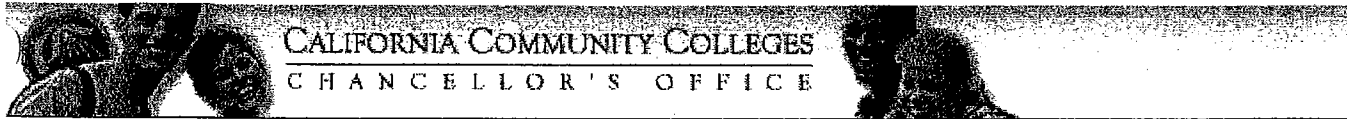
Data Current As Of July 12, 2006 11:18:56

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-4 based on Veteran's or National Guard dependent status	4	561
BOGW - Part A basis unreported	199	33,918
BOGW - Part B based on income standards	2,907	498,244
BOGW - Part C based on financial need	2,854	986,835

**Total Unduplicated Count = 4,902
Total Amount = \$ 1,519,558**

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Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2000-2001**

Data Current As Of July 12, 2006 11:20:55

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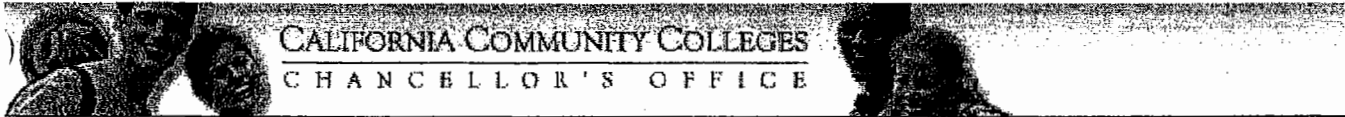
Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	8	1,242
BOGW - Part A-2 based on SSI recipient status	18	3,347
BOGW - Part A-3 based on general assistance recipient status	1	308
BOGW - Part A-4 based on Veteran's or National Guard dependent status	16	1,969
BOGW - Part A basis unreported	98	14,147
BOGW - Part B based on income standards	3,480	635,604
BOGW - Part C based on financial need	2,906	1,000,815

**Total Unduplicated Count = 5,600
Total Amount = \$ 1,657,432**

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**Student Financial Aid Awards**

Cypress College
Financial Aid Count and Amount By type
For 2001-2002

Data Current As Of July 12, 2006 11:19:12

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Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	140	20,859
BOGW - Part B based on income standards	3,262	495,630
BOGW - Part C based on financial need	1,948	398,696

Total Unduplicated Count = 5,151
Total Amount = \$ 915,185

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Student Financial Aid Awards

Fullerton College Financial Aid Count and Amount By type For 2001-2002

Data Current As Of July 12, 2006 11:21:07

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Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	2	99
BOGW - Part A-2 based on SSI recipient status	6	231
BOGW - Part A-4 based on Veteran's or National Guard dependent status	2	275
BOGW - Part A basis unreported	76	11,594
BOGW - Part B based on income standards	3,326	476,978
BOGW - Part C based on financial need	2,494	517,693

Total Unduplicated Count = 5,605
Total Amount = \$ 1,006,870

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**Student Financial Aid Awards****Cypress College
Financial Aid Count and Amount By type
For 2002-2003**

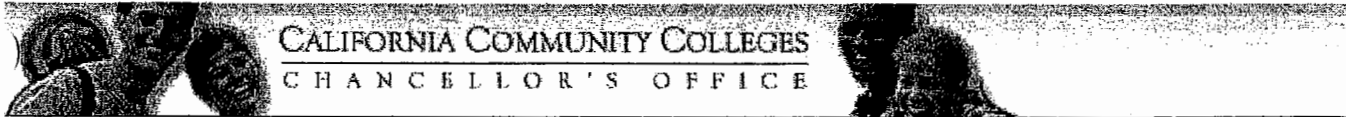
Data Current As Of July 12, 2006 11:19:33

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	107	18,371
BOGW - Part B based on income standards	3,962	748,574
BOGW - Part C based on financial need	1,649	390,667

Total Unduplicated Count = 5,600**Total Amount = \$ 1,157,612**[Back to Top of Page](#)

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**Student Financial Aid Awards**

Fullerton College
Financial Aid Count and Amount By type
For 2002-2003

Data Current As Of July 12, 2006 11:21:19

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Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	102	16,267
BOGW - Part B based on income standards	3,445	670,821
BOGW - Part C based on financial need	2,833	659,565

Total Unduplicated Count = 6,286

Total Amount = \$ 1,346,653

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Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2003-2004

Data Current As Of July 12, 2006 11:19:55

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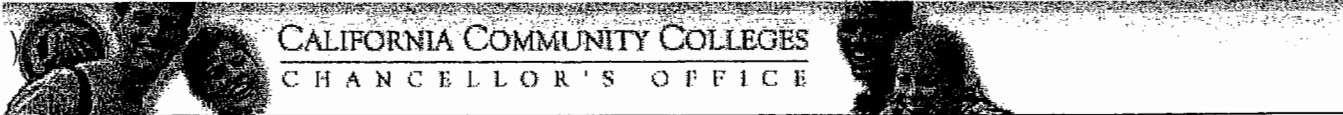
Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	103	26,704
BOGW - Part B based on income standards	3,663	905,304
BOGW - Part C based on financial need	2,417	877,587

Total Unduplicated Count = 5,818**Total Amount = \$ 1,809,595**[Back to Top of Page](#)

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**Student Financial Aid Awards****Fullerton College
Financial Aid Count and Amount By type
For 2003-2004**

Data Current As Of July 12, 2006 11:21:30

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Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	112	26,478
BOGW - Part B based on income standards	3,362	928,419
BOGW - Part C based on financial need	2,909	1,055,542

Total Unduplicated Count = 6,327**Total Amount = \$ 2,010,439**[Back to Top of Page](#)

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Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2004-2005

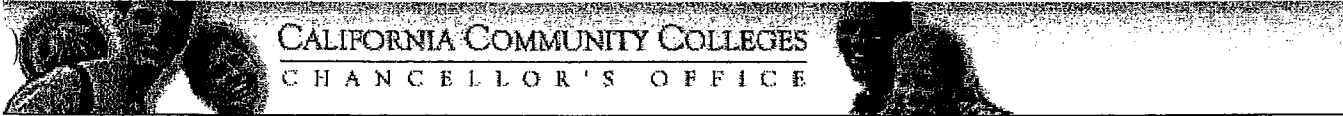
Data Current As Of July 12, 2006 11:20:07

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	160	65,157
BOGW - Part B based on income standards	3,862	1,527,347
BOGW - Part C based on financial need	2,672	1,259,421

Total Unduplicated Count = 6,584**Total Amount = \$ 2,851,925**[Back to Top of Page](#)

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Student Financial Aid Awards

Fullerton College Financial Aid Count and Amount By type For 2004-2005

Data Current As Of July 12, 2006 11:21:42

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Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	139	51,010
BOGW - Part B based on income standards	3,911	1,564,779
BOGW - Part C based on financial need	3,681	1,891,893

Total Unduplicated Count = 7,637
Total Amount = \$ 3,507,682

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year: Cypress Fullerton

Academic Year	Cypress	Fullerton	Notes
Fall 1998			Not Applicable for this Term per SixTen Form
Spring 1999			Not Applicable for this Term per SixTen Form
Summer 1999			Not Applicable for this Term per SixTen Form
Fall 1999			Not Applicable for this Term per SixTen Form
Spring 2000			Not Applicable for this Term per SixTen Form
Summer 2000			Not Applicable for this Term per SixTen Form
Fall 2000	-	-	Pre-Banner Term (annual amount calculated below)
Spring 2001	-	-	Pre-Banner Term (annual amount calculated below)
Summer 2001	-	-	Pre-Banner Term (annual amount calculated below)
2000/01 Year	138,142	150,676	For this year, Annual amount calculated as Annual amount from #12 above / \$11.00 per unit for this year.
Fall 2001	42,259	47,916	
Spring 2002	45,262	53,214	01-02 Total = 204,603 - <i>same</i>
Summer 2002	6,949	9,003	
Fall 2002	45,508	53,153	
Spring 2003	43,929	51,657	02-03 Total = 207,735 - <i>same</i>
Summer 2003	5,533	7,955	
Fall 2003	45,883	49,332	
Spring 2004	45,390	50,992	03-04 Total = 208,683 - <i>same</i>
Summer 2004	7,140	9,946	
Fall 2004	49,772	60,610	
Spring 2005	49,619	61,306	04-05 Total = 239,344 - <i>same</i>
Summer 2005	7,011	11,023	

00-01 Total 288,818 - *same*

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.
Source: Headcount from CCCO website

*see CCCO reporting direction
verified through our system director
we were looking at the FY 00 example
Summer 98
Fall 98
Spring 99*

Term	Yr.	Cypress	Fullerton
Fall	1998	13,813	19,181
Spring	1999	14,012	18,812
Summer	1999	5,499	9,735
Totals 1998-99		33,324	47,728

98-99
Total = 81,052 - SEA

Fall	1999	14,335	19,061
Spring	2000	15,007	19,454
Summer	2000	5,266	7,812
Totals 1999-00		34,608	46,327

99-00
Total = 80,935 - SEA

Fall	2000	14,988	20,287
Spring	2001	15,416	21,058
Summer	2001	5,367	11,777
Totals 2000-01		35,771	53,122

00-01
Total = 88,893 - SEA

Fall	2001	15,337	21,239
Spring	2002	16,266	21,592
Summer	2002	5,401	9,062
Totals 2001-02		37,004	51,893

01-02
Total = 88,897 - SEA

Fall	2002	14,009	21,364
Spring	2003	13,876	20,982
Summer	2003	4,579	8,507
Totals 2002-03		32,464	50,853

02-03
Total = 83,317 - SEA

Fall	2003	12,979	19,235
Spring	2004	12,665	18,710
Summer	2004	4,915	8,364
Totals 2003-04		30,559	46,309

03-04
Total = 76,868 - SEA

Fall	2004	13,423	19,895
Spring	2005	13,077	18,847
Summer	2005	4,942	8,619
Totals 2004-05		31,442	47,361

04-05
Total = 78,803

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals
Source: Calculated as #1 - #3

verified client calculated #1 - #3 correctly - SEA

Term	Yr.	Cypress	Fullerton
1998-99		28,658	42,458
1999-00		29,831	41,302
2000-01		30,869	47,522
2001-02		31,853	46,288
2002-03		26,864	44,567
2003-04		24,741	39,982
2004-05		24,858	39,724

98-99 Total = 71,116 - SEA

99-00 Total = 71,133 - SEA

00-01 Total = 78,391 - SEA

01-02 Total = 78,141 - SEA

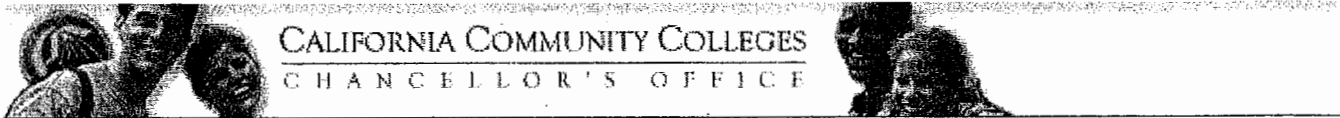
02-03 Total = 71,431 - SEA

03-04 Total = 64,723 - SEA

04-05 Total = 64,582 - SEA

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Student Demographics

Student Total Headcount For Cypress For 1998 Fall Term

Data Current As Of July 12, 2006 10:16:35

Total Headcount	13,813
-----------------	--------

98-99

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Student Demographics

Student Total Headcount For Cypress For 1999 Spring Semester

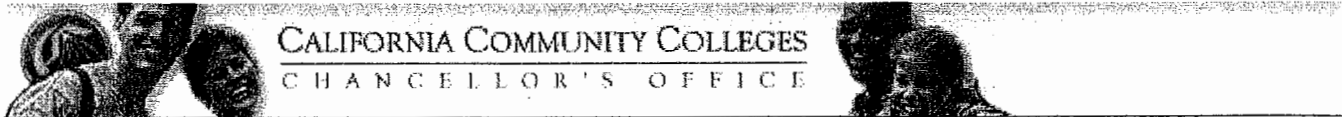
Data Current As Of July 12, 2006 10:17:11

Total Headcount	14,012
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Student Demographics

Student Total Headcount For Cypress For 1999 Summer Term

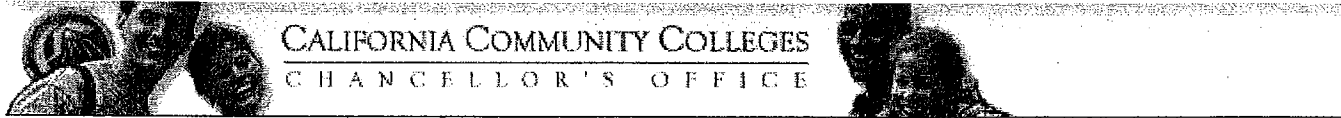
Data Current As Of July 12, 2006 10:17:35

Total Headcount	5,499
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Student Demographics

Student Total Headcount For Fullerton For 1998 Fall Term

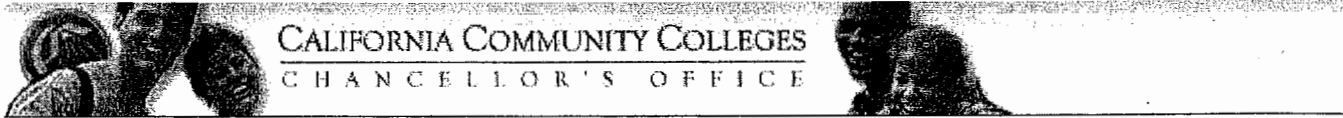
Data Current As Of July 12, 2006 10:28:35

Total Headcount	19,181
-----------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 1999 Spring Semester**

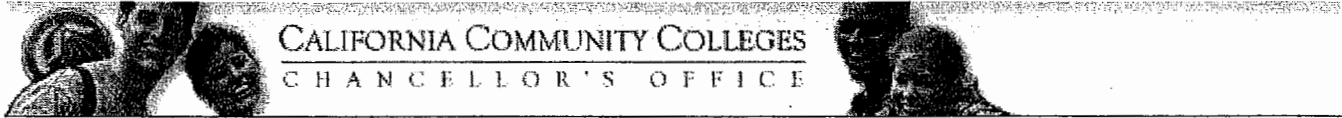
Data Current As Of July 12, 2006 10:28:55

Total Headcount	18,812
------------------------	--------

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Student Demographics

Student Total Headcount For Fullerton For 1999 Summer Term

Data Current As Of July 12, 2006 10:29:09

Total Headcount	9,735
-----------------	-------

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Student Demographics

**Student Total Headcount For Cypress
For 1999 Fall Term**

Data Current As Of July 12, 2006 10:17:51

Total Headcount	14,335
------------------------	--------

99-00

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Student Demographics

Student Total Headcount For Cypress For 2000 Spring Semester

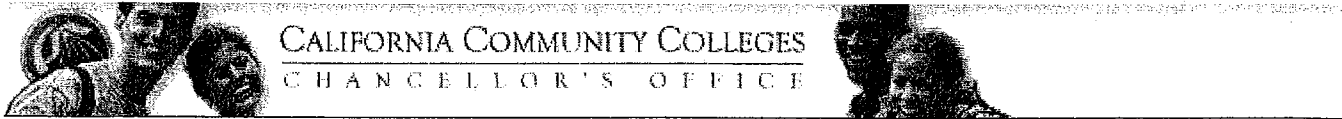
Data Current As Of July 12, 2006 10:18:10

Total Headcount	15,007
------------------------	--------

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Student Demographics

Student Total Headcount For Cypress For 2000 Summer Term

Data Current As Of July 12, 2006 10:18:27

Total Headcount	5,266
------------------------	-------

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Student Demographics

Student Total Headcount For Fullerton For 1999 Fall Term

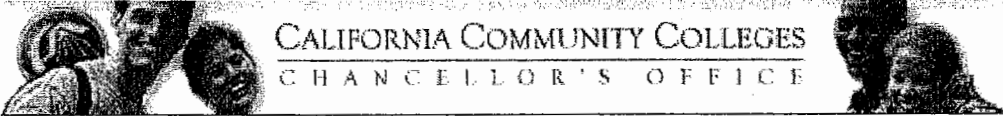
Data Current As Of July 12, 2006 10:29:24

Total Headcount	19,061
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Student Demographics

Student Total Headcount For Fullerton For 2000 Spring Semester

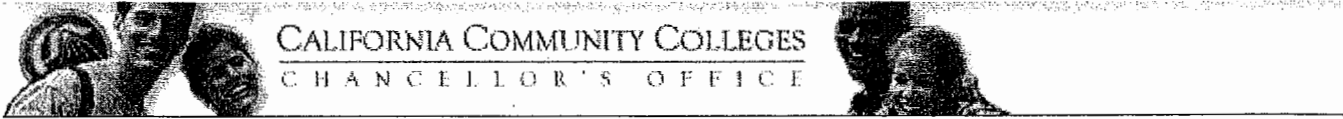
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Total Headcount	19,454
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Student Demographics

**Student Total Headcount For Fullerton
For 2000 Summer Term**

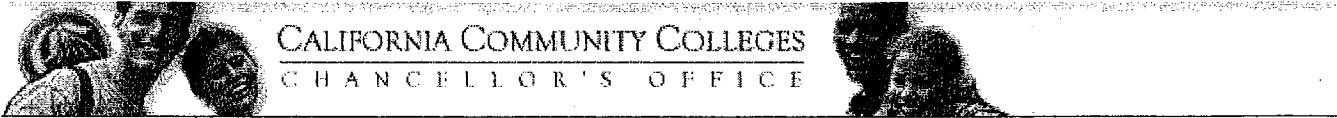
Data Current As Of July 12, 2006 10:31:44

Total Headcount	7,812
------------------------	-------

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Student Demographics

Student Total Headcount For Cypress For 2000 Fall Semester

Data Current As Of July 12, 2006 10:18:38

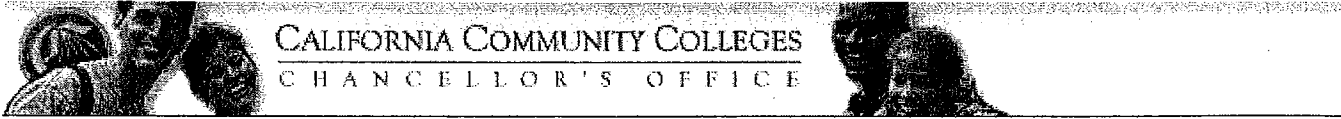
Total Headcount	14,988
------------------------	--------

00-01

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Student Demographics

**Student Total Headcount For Cypress
For 2001 Spring Semester**

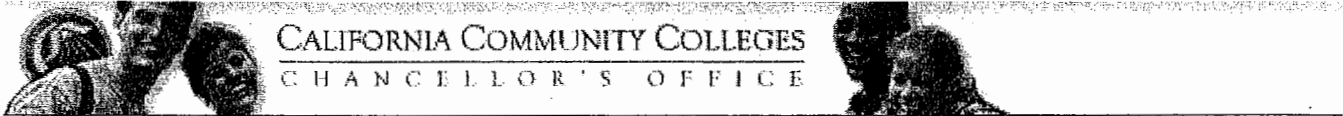
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Total Headcount	15,416
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Student Demographics

Student Total Headcount For Cypress For 2001 Summer Term

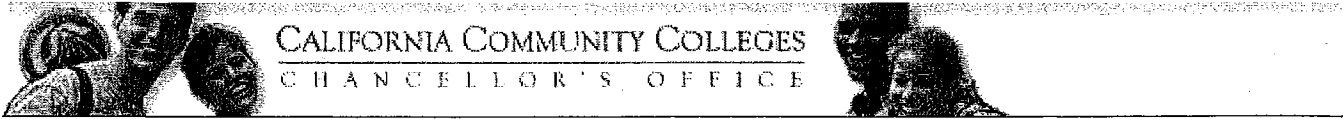
Data Current As Of July 12, 2006 10:19:03

Total Headcount	5,367
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Student Demographics

Student Total Headcount For Fullerton For 2000 Fall Semester

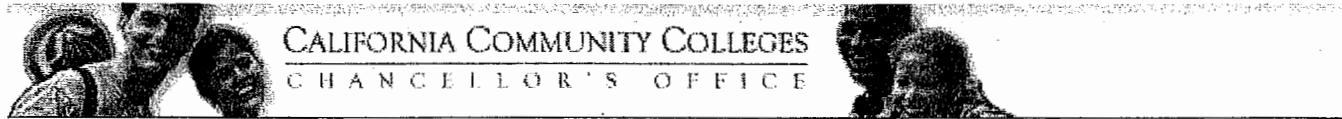
Data Current As Of July 12, 2006 10:31:58

Total Headcount	20,287
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Student Demographics

Student Total Headcount For Fullerton For 2001 Spring Semester

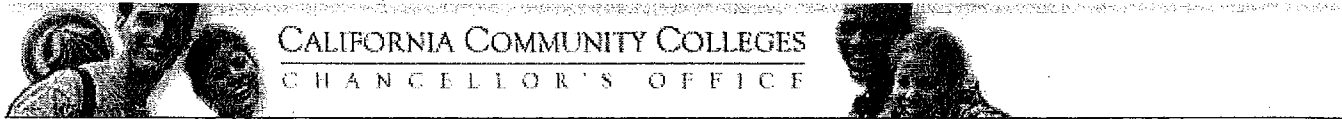
Data Current As Of July 12, 2006 10:32:12

Total Headcount	21,058
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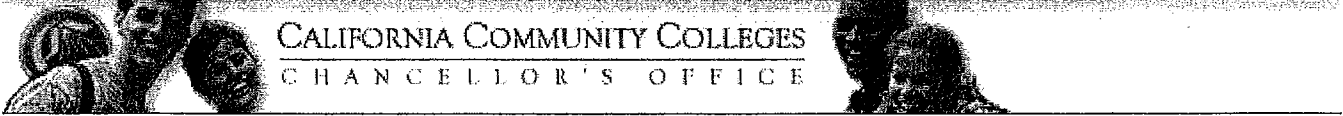
Student Demographics

**Student Total Headcount For Fullerton
For 2001 Summer Term**

Data Current As Of July 12, 2006 10:32:26

Total Headcount	11,777
------------------------	---------------

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**Student Total Headcount For Cypress
For 2001 Fall Semester**

Data Current As Of July 12, 2006 10:19:15

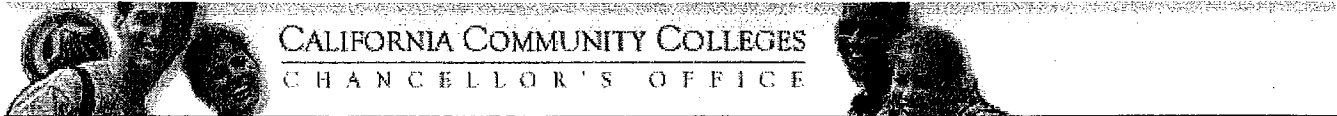
Total Headcount	15,337
------------------------	--------

01-02

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Student Demographics

Student Total Headcount For Cypress For 2002 Spring Semester

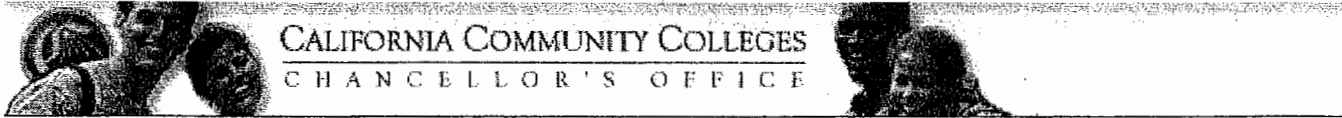
Data Current As Of July 12, 2006 10:19:27

Total Headcount	16,266
------------------------	---------------

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Student Demographics

Student Total Headcount For Cypress For 2002 Summer Term

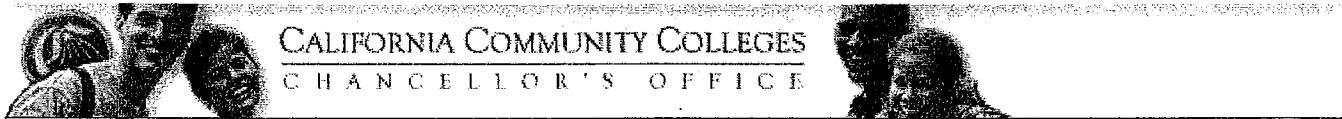
Data Current As Of July 12, 2006 10:19:41

Total Headcount	5,401
------------------------	-------

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Student Demographics

**Student Total Headcount For Fullerton
For 2001 Fall Semester**

Data Current As Of July 12, 2006 10:32:37

Total Headcount	21,239
------------------------	---------------

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Student Demographics

Student Total Headcount For Fullerton For 2002 Spring Semester

Data Current As Of July 12, 2006 10:32:52

Total Headcount	21,592
------------------------	--------

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Student Demographics

Student Total Headcount For Fullerton For 2002 Summer Term

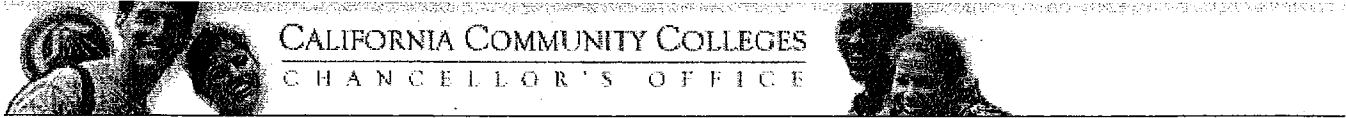
Data Current As Of July 12, 2006 10:33:13

Total Headcount	9,062
------------------------	-------

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Student Demographics

Student Total Headcount For Cypress For 2002 Fall Semester

Data Current As Of July 12, 2006 10:19:54

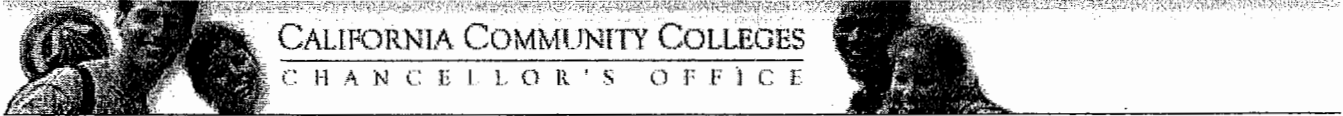
Total Headcount	14,009
-----------------	--------

02-03

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Student Demographics

Student Total Headcount For Cypress For 2003 Spring Semester

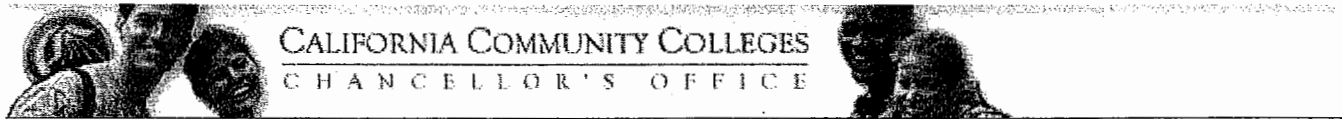
Data Current As Of July 12, 2006 10:20:05

Total Headcount	13,876
------------------------	---------------

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Student Demographics

Student Total Headcount For Cypress For 2003 Summer Term

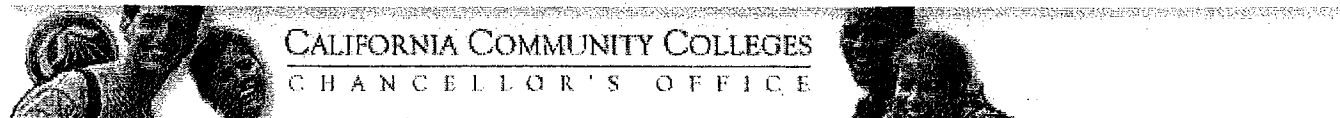
Data Current As Of July 12, 2006 10:20:19

Total Headcount	4,579
------------------------	-------

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Student Demographics

Student Total Headcount For Fullerton For 2002 Fall Semester

Data Current As Of July 12, 2006 10:33:24

Total Headcount	21,364
------------------------	--------

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Student Total Headcount For Fullerton For 2003 Spring Semester

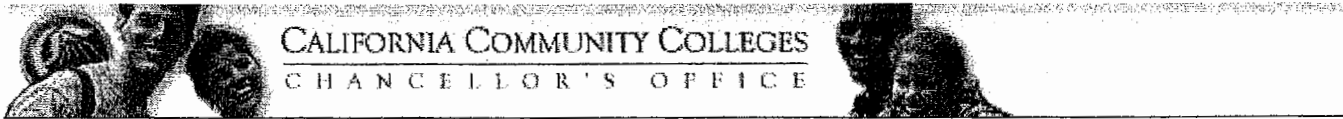
Data Current As Of July 12, 2006 10:33:37

Total Headcount	20,982
------------------------	---------------

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Student Demographics

Student Total Headcount For Fullerton For 2003 Summer Term

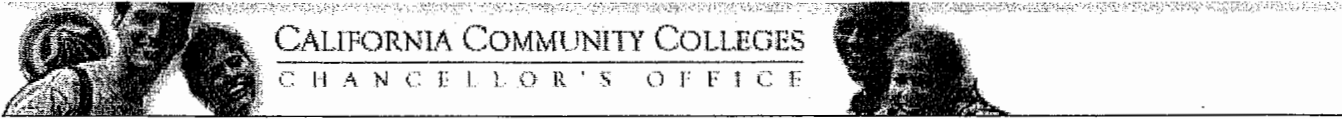
Data Current As Of July 12, 2006 10:33:49

Total Headcount	8,507
-----------------	-------

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Student Demographics

**Student Total Headcount For Cypress
For 2003 Fall Term**

Data Current As Of July 12, 2006 10:20:30

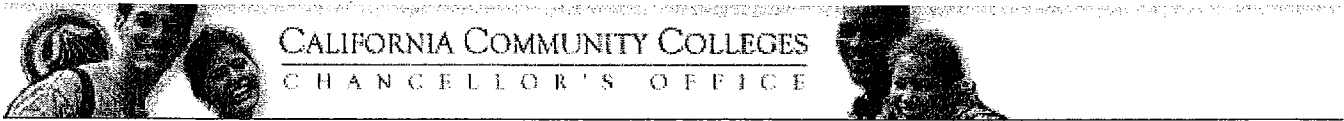
Total Headcount	12,979
------------------------	--------

03-04

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Student Demographics

**Student Total Headcount For Cypress
For 2004 Spring Semester**

Data Current As Of July 12, 2006 10:20:47

Total Headcount	12,665
------------------------	---------------

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Student Demographics

Student Total Headcount For Cypress For 2004 Summer Term

Data Current As Of July 12, 2006 10:20:59

Total Headcount	4,915
------------------------	-------

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Student Demographics

Student Total Headcount For Fullerton For 2003 Fall Term

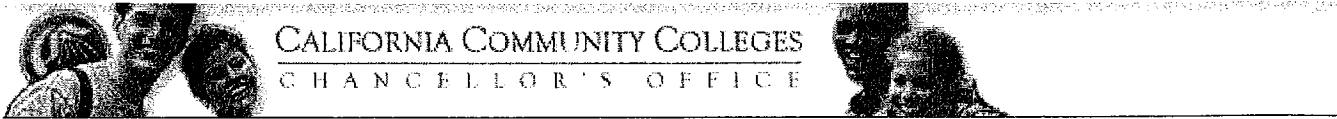
Data Current As Of July 12, 2006 10:34:00

Total Headcount	19,235
------------------------	--------

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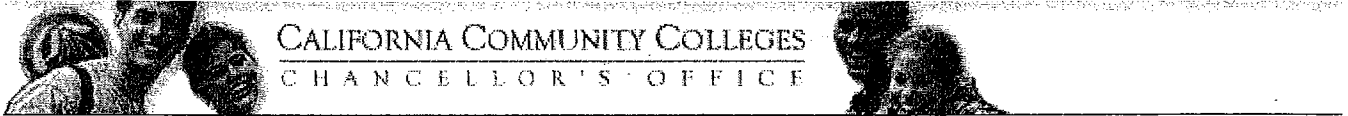
Student Demographics

Student Total Headcount For Fullerton For 2004 Spring Semester

Data Current As Of July 12, 2006 10:34:12

Total Headcount	18,710
------------------------	---------------

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Student Demographics

**Student Total Headcount For Fullerton
For 2004 Summer Term**

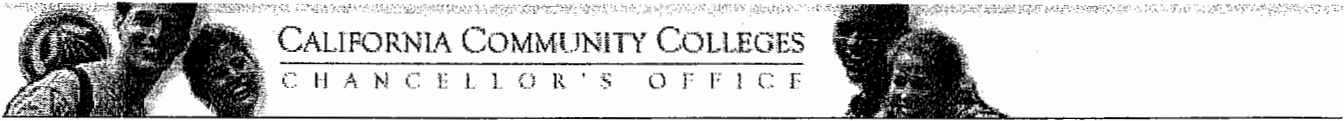
Data Current As Of July 12, 2006 10:34:37

Total Headcount	8,364
------------------------	-------

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Student Demographics

**Student Total Headcount For Cypress
For 2004 Fall Term**

Data Current As Of July 12, 2006 10:21:20

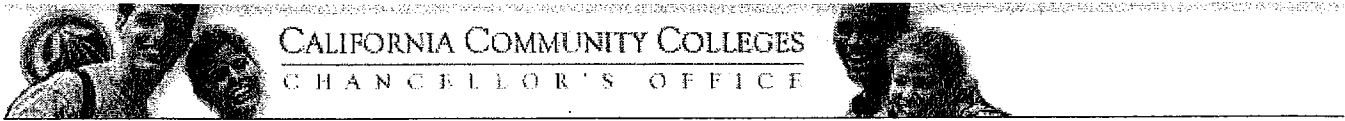
Total Headcount	13,423
------------------------	--------

04-05

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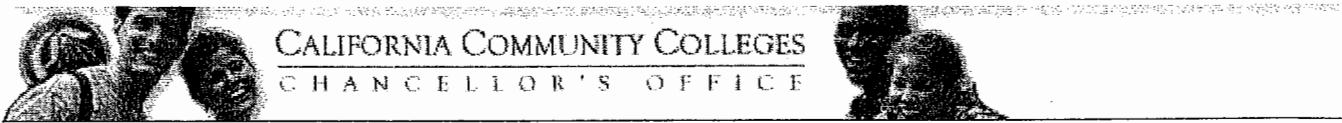
Student Demographics

Student Total Headcount For Cypress For 2005 Spring Semester

Data Current As Of July 12, 2006 10:23:48

Total Headcount	13,077
-----------------	--------

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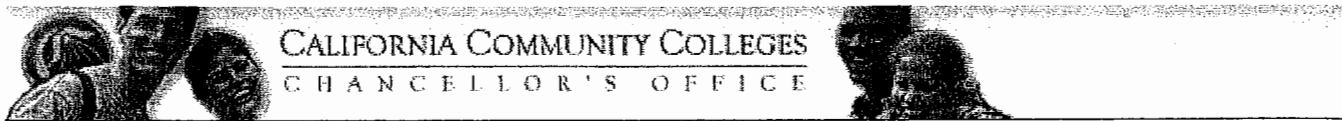
Student Demographics

**Student Total Headcount For Cypress
For 2005 Summer Term**

Data Current As Of July 12, 2006 11:24:01

Total Headcount	4,942
------------------------	-------

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Student Demographics

Student Total Headcount For Fullerton For 2004 Fall Term

Data Current As Of July 12, 2006 10:35:00

Total Headcount	19,895
------------------------	---------------

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CHANCELLOR'S OFFICE



Student Demographics

Student Total Headcount For Fullerton For 2005 Spring Semester

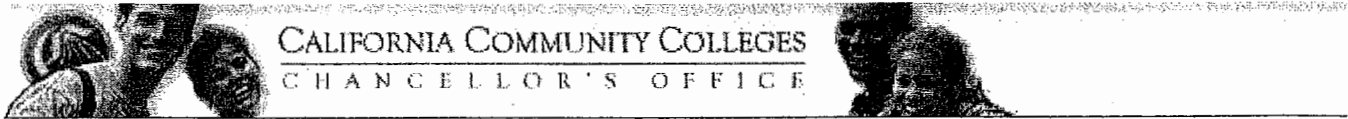
Data Current As Of July 12, 2006 10:35:37

Total Headcount	18,847
------------------------	---------------

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Student Demographics

Student Total Headcount For Fullerton For 2005 Summer Term

Data Current As Of July 12, 2006 11:24:24

Total Headcount	8,619
------------------------	-------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	5,151	5,605
2002-03	5,600	6,286
2003-04	5,818	6,327
2004-05	6,584	7,637

verified these #15 are same as BOGG waivers per CCCO website -SSA

See following CCCO reports

98-99 - Total - 9,936 - SSA
 99-00 - Total - 9,802 - SSA
 00-01 - Total - 10,502 - SSA
 01-02 - Total - 10,756 - SSA
 02-03 - Total - 11,886 - SSA
 03-04 - Total - 12,145 - SSA
 04-05 - Total - 14,221 - SSA

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals

Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton
Fall 1998		
Spring 1999		
Summer 1999		
Fall 1999		
Spring 2000		
Summer 2000		
Fall 2000		
Spring 2001		
Summer 2001		
Fall 2001	3	4
Spring 2002	7	6
Summer 2002	22	5
Fall 2002	163	8
Spring 2003	34	11
Summer 2003	38	8
Fall 2003	200	64
Spring 2004	18	12
Summer 2004	70	13
Fall 2004	168	72
Spring 2005	66	57
Summer 2005	5	34

Total 47 - SSA 01-02
 Total 262 - SSA 02-03
 Total 377 - SSA 03-04
 Total 402 - SSA 04-05

Break Down into FY's the way client did on Page 1 of 6 for 1- Total Number of Students Enrolled in College - SSA

CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 1999-2000

Data Current As Of July 12, 2006 11:18:43

[Download The Result In Comma Delimited Format](#)

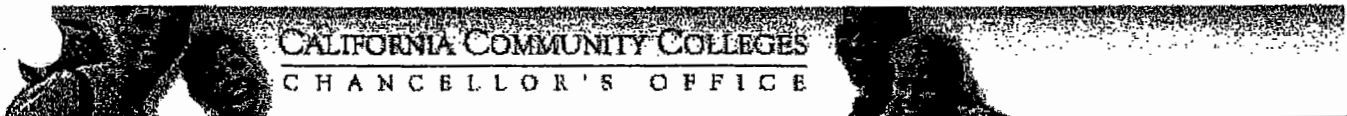
Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	14	2,839
BOGW - Part A-2 based on SSI recipient status	26	2,951
BOGW - Part A-4 based on Veteran's or National Guard dependent status	14	3,245
BOGW - Part A basis unreported	104	13,845
BOGW - Part B based on income standards	2,319	400,454
BOGW - Part C based on financial need	3,101	1,124,539

Total Unduplicated Count = 4,777
 Total Amount = \$ 1,547,873

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 1999-2000

Data Current As Of July 12, 2006 11:20:41

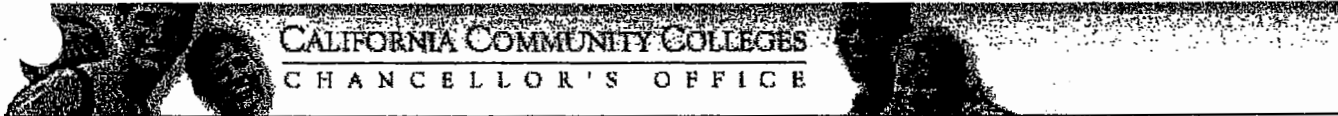
[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	24	3,099
BOGW - Part A-2 based on SSI recipient status	39	4,749
BOGW - Part A-3 based on general assistance recipient status	1	209
BOGW - Part A-4 based on Veteran's or National Guard dependent status	11	2,540
BOGW - Part A basis unreported	160	25,618
BOGW - Part B based on income standards	2,286	442,209
BOGW - Part C based on financial need	3,201	1,083,948

Total Unduplicated Count = 5,025

Total Amount = \$ 1,562,372

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Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2000-2001**

Data Current As Of July 12, 2006 11:18:56

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-4 based on Veteran's or National Guard dependent status	4	561
BOGW - Part A basis unreported	199	33,918
BOGW - Part B based on income standards	2,907	498,244
BOGW - Part C based on financial need	2,854	986,835

Total Unduplicated Count = 4,902
Total Amount = \$ 1,519,558

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Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2000-2001

Data Current As Of July 12, 2006 11:20:55

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	8	1,242
BOGW - Part A-2 based on SSI recipient status	18	3,347
BOGW - Part A-3 based on general assistance recipient status	1	308
BOGW - Part A-4 based on Veteran's or National Guard dependent status	16	1,969
BOGW - Part A basis unreported	98	14,147
BOGW - Part B based on income standards	3,480	635,604
BOGW - Part C based on financial need	2,906	1,000,815

Total Unduplicated Count = 5,600
 Total Amount = \$ 1,657,432

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Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2001-2002

Data Current As Of July 12, 2006 11:19:12

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	140	20,859
BOGW - Part B based on income standards	3,262	495,630
BOGW - Part C based on financial need	1,948	398,696

Total Unduplicated Count = 5,151

Total Amount = \$ 915,185

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2001-2002

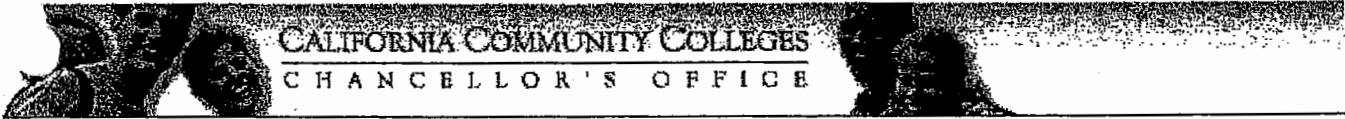
Data Current As Of July 12, 2006 11:21:07

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A-1 based on TANF recipient status	2	99
BOGW - Part A-2 based on SSI recipient status	6	231
BOGW - Part A-4 based on Veteran's or National Guard dependent status	2	275
BOGW - Part A basis unreported	76	11,594
BOGW - Part B based on income standards	3,326	476,978
BOGW - Part C based on financial need	2,494	517,693

Total Unduplicated Count = 5,605
 Total Amount = \$ 1,006,870

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Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2002-2003

Data Current As Of July 12, 2006 11:19:33

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	107	18,371
BOGW - Part B based on income standards	3,962	748,574
BOGW - Part C based on financial need	1,649	390,667

Total Unduplicated Count = 5,600
Total Amount = \$ 1,157,612

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2002-2003

Data Current As Of July 12, 2006 11:21:19

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	102	16,267
BOGW - Part B based on income standards	3,445	670,821
BOGW - Part C based on financial need	2,833	659,565

Total Unduplicated Count = 6,286
Total Amount = \$ 1,346,653

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Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2003-2004**

Data Current As Of July 12, 2006 11:19:55

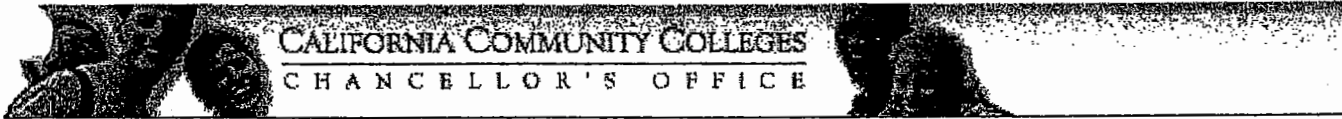
[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	103	26,704
BOGW - Part B based on income standards	3,663	905,304
BOGW - Part C based on financial need	2,417	877,587

Total Unduplicated Count = 5,818

Total Amount = \$ 1,809,595

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Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2003-2004**

Data Current As Of July 12, 2006 11:21:30

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	112	26,478
BOGW - Part B based on income standards	3,362	928,419
BOGW - Part C based on financial need	2,909	1,055,542

Total Unduplicated Count = 6,327
Total Amount = \$ 2,010,439

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2004-2005

Data Current As Of July 12, 2006 11:20:07

[Download The Result In Comma Delimited Format](#)

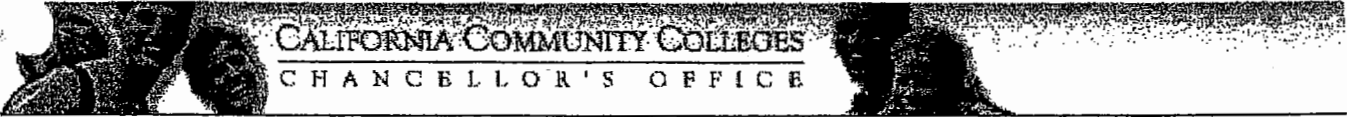
Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	160	65,157
BOGW - Part B based on income standards	3,862	1,527,347
BOGW - Part C based on financial need	2,672	1,259,421

Total Unduplicated Count = 6,584
Total Amount = \$ 2,851,925

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2004-2005

Data Current As Of July 12, 2006 11:21:42

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	139	51,010
BOGW - Part B based on income standards	3,911	1,564,779
BOGW - Part C based on financial need	3,681	1,891,893

Total Unduplicated Count = 7,637
Total Amount = \$ 3,507,682

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have District Totals
Source: Banner

Term	Cypress & Fullerton Combined	Pre-Banner Term
Fall 1998	-	Pre-Banner Term
Spring 1999	-	Pre-Banner Term
Summer 1999	-	Pre-Banner Term
Fall 1999	-	Pre-Banner Term
Spring 2000	-	Pre-Banner Term
Summer 2000	-	Pre-Banner Term
Fall 2000	-	Pre-Banner Term
Spring 2001	-	Pre-Banner Term
Summer 2001	-	Pre-Banner Term
Fall 2001	1,694	
Spring 2002	1,407	
Summer 2002	498	
Fall 2002	2,282	
Spring 2003	1,591	
Summer 2003	425	
Fall 2003	2,301	
Spring 2004	1,528	
Summer 2004	573	
Fall 2004	2,331	
Spring 2005	1,452	
Summer 2005	477	

- Broke Down into Fy's the way client did on pg. 1 of 6 for Total Number of Students Enrolled in College - SAT

98-99
99-00
00-01
01-02
02-03
03-04
04-05

Total = 3,599 - SAT
Total = 4,298 - SAT
Total = 4,402 - SAT
Total = 4,260 - SAT

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
 Source: Not able to Calculate from Available Data - refunds not identified in this manner.
 Therefore, the information provided here is from Banner and is for all refunds.

****** Refund this year
 Overstated - Dec page
 100% - same

Term	Cypress	Fullerton
Fall 1998	-	-
Spring 1999	-	-
Summer 1999	-	-
Fall 1999	-	-
Spring 2000	-	-
Summer 2000	-	-
Fall 2000	-	-
Spring 2001	-	-
Summer 2001	-	-
Fall 2001	26	6,748
Spring 2002	18	6,043
Summer 2002	4	2,425
Fall 2002	25	7,304
Spring 2003	2	7,524
Summer 2003	1	2,307
Fall 2003	8	6,851
Spring 2004	7	6,233
Summer 2004	64	2,204
Fall 2004	2,658	4,318
Spring 2005	2,304	4,042
Summer 2005	880	1,470

99-00 - Broke Down into FY's the way
 Citrus did on Page 1 of 6
 for 1. Total Number of
 Students Enrolled in College
 - same

00-01

01-02

02-03

03-04

04-05

Not Used -
 Revised #15
 emailed to
 BO on 7-13-06
 - same
 see above pg

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,993	9,839
2002-03	8,205	9,478
2003-04	10,475	10,287
2004-05	10,259	11,799

*: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 - Total 01-02 - 18,832 - same
 - Total 02-03 - 17,683 - same
 - Total 03-04 - 20,762 - same
 - Total 04-05 - 22,058 - same

verified these #15
 are same as BOER
 waivers per cccco website
 - same

- See cccco
 reports
 directly after
 # 3 on
 pg 2 of 6 above
 - same

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
 Source: Banner

Academic Year	Cypress	Fullerton
1998-99	4,666	5,270
1999-00	4,777	5,025
2000-01	4,902	5,600
2001-02	8,507	9,507
2002-03	7,851	8,934
2003-04	9,132	9,407
2004-05	9,764	11,042

*: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 *: Pre-banner Year, so used same number as #3
 Total 01-02 - 18,014 - same
 Total 02-03 - 16,785 - same
 Total 03-04 - 18,539 - same
 Total 04-05 - 20,806 - same

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	486	332
2002-03	354	544
2003-04	1,343	880
2004-05	495	757

Total 01-02 = 818 - 542
Total 02-03 = 898 - 542
Total 03-04 = 2,223 - 542
Total 04-05 = 1,252 - 542
 = 3044
 EFW 8

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. *******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	1,866,642	3,260,641
2002-03	1,798,244	3,317,202
2003-04	2,655,240	4,923,768
2004-05	3,877,667	6,847,842

Pre-Banner Year (\$5,239,898 actual district total per 9/15/99 report submitted to CCCO)
 Pre-Banner Year (\$4,939,864 actual district total per 9/15/00 report submitted to CCCO)
 Pre-Banner Year (\$5,057,532 actual district total per 9/15/01 report submitted to CCCO)

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. ******

Academic Year	Cypress	Fullerton
1998-99	-	-
1999-00	-	-
2000-01	-	-
2001-02	3,129	913,539
2002-03	67	1,052,867
2003-04	5,225	1,437,645
2004-05	737,447	1,303,313

Pre-Banner Year
 Pre-Banner Year
 Pre-Banner Year

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 04-05 and the missing rates for 03-04.

SCHOOL DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	03-04	04-05
	AVERAGE ACCOUNTING TECH	\$ 39.67	
	AVERAGE ADMINISTRATIVE ASSISTANT	\$ 37.28	
	AVERAGE COUNSELOR	\$ 64.94	
	AVERAGE DIVISION DEAN	\$ 71.11	
	AVERAGE DIRECTOR	\$ 60.86	
	AVERAGE INSTRUCTOR	\$ 50.69	
	AVERAGE MANAGER	\$ 57.00	
	AVERAGE OFFICE MANAGER	\$ 40.55	
ALIBRANDI, LUCINDA	INSTRUCTOR	\$ 58.83	\$ 61.24
ALONZO, ROSE	ACCOUNTING TECHNICIAN	\$ 38.69	
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE	\$ 54.76	\$ 62.17
BARROW, LINDA	HR SPECIALIST	\$ 46.03	\$ 47.46
BEELER, RON	DIST. DIRECTOR-FACILITIES	\$ 66.26	\$ 75.42
BEERS, SUSAN	DIVISION DEAN	\$ 73.73	\$ 77.49
BENNETT, BARBARA	INSTRUCTOR	\$ 50.43	\$ 51.53
BETTENDORF, PAM	OFFICE MANAGER	\$ 42.08	\$ 42.55
BLACKLEY, TERRY	DIVISION DEAN	\$ 72.59	\$ 71.19
BOYD-DAILEY, NANCY	SECRETARY SENIOR	\$ 39.49	\$ 41.04

07/01/04

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		03-04	04-05
BOYD-DAILEY, NANCY	HR SPECIALIST		\$ 42.83
BRANDES, RAEANE	ACCOUNTING TECH	\$ 41.93	\$ 43.23
BRAULT, LORI	DIRECTOR, HEALTH SERVICES	\$ 55.00	\$ 57.87
BROWN, ALLEN	DIVISION DEAN	\$ 60.02	
BROWN, KALETA	DIVISION DEAN		\$ 63.54
BURCHFIELD, JERRY	INSTRUCTOR	\$ 51.97	\$ 56.30
BURNS, MICHAEL	DIVISION DEAN	\$ 72.09	\$ 75.88
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	\$ 75.98	\$ 79.81
CANT, KAREN	DIRECTOR BUDGET/FINANCE	\$ 65.17	\$ 74.53
CARRITHERS, JOE	INSTRUCTOR	\$ 49.34	\$ 52.60
CHAMBERS, TERRY	BENEFITS SPEC	\$ 34.70	\$ 35.71
CLIFFORD, SUSAN	DEAN ACADEMIC SERVICES		\$ 71.52
COTTER, SANDRA	EXECUTIVE ASSISTANT	\$ 44.17	\$ 49.84
COURCHAIINE, JEFFERY	INSTRUCTOR	\$ 50.14	\$ 52.11
CRAIG, DALE	INSTRUCTOR	\$ 49.11	\$ 52.48
CUSACC, JOHNIE	INSTRUCTOR	\$ 48.83	
DeMARKEY, NINA	DIVISION DEAN		\$ 55.48
DONLEY, STEVEN	MANAGER	\$ 71.64	
DONLEY, STEVEN	DIVISION DEAN		\$ 76.97
DONOVAN, LEXI	MANAGER CAMPUS ACCOUNTING	\$ 50.54	\$ 58.03
DOOLY, GEORGE	COUNSELOR	\$ 61.40	\$ 63.80
DUNCAN, STEVE	DIST DIR HR		\$ 80.25
EISENHUT, LINDA	COORDINATOR BENEFITS	\$ 44.77	

01/01/05

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:		
		03-04	04-05	
EISENHUT, LINDA	DIST MGR BENEFITS		\$ 50.62	
FISHMAN, DARLENE	DIRECTOR NURSING	\$ 61.00	\$ 64.07	
FLEEMAN, RODNEY	VC FINANCE/FACILITIES	\$ 95.89	\$ 91.36	
FLORES-CHURCH, ADRIANNA	MANAGER	\$ 38.49		
FLORES-CHURCH, ADRIANNA	ADMIN SUPP MGR HR		\$ 43.56	
FOY, TAMI	DIST MGR INST RSRCS	\$ 44.78		
FRANKS, JOE	INSTRUCTOR	\$ 53.74	\$ 55.94	
GABEL, ANN-MARIE	ACCOUNTING MGR	\$ 57.05	\$ 60.24	07/01/04
GABEL, ANN-MARIE	DIR FISCAL AFFAIRS		\$ 64.09	12/15/05
GISKA, MARY LOU	DIRECTOR CYPRESS COLLEGE	\$ 42.90	\$ 48.03	
GOMBER, LISA	ADMIN ASSISTANT	\$ 42.91	\$ 44.24	
GUYTON, JEAN	MANAGER APPLICATION SUPPORT	\$ 67.40	\$ 76.41	
HANNON, ANDREA	DIV DEAN HEALTH SERVICES	\$ 72.09	\$ 75.88	
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	\$ 55.54	\$ 62.99	
HATCHETT, DONNA	DISTRICT DIRECTOR PUBLIC AFFAIRS	\$ 71.04	\$ 80.88	
HEBSON, CHRIS	COMPUTING ANALYST		\$ 53.54	07/01/04
HEBSON, CHRIS	IT SPEC SYS ANALYST		\$ 55.66	06/01/05
HENDERSON, WILFORD	SAFETY SPECIALIST	\$ 42.89	\$ 47.21	
HENRY, DIANE	DIVISION DEAN	\$ 72.09	\$ 75.88	
HERRERA, ALEX	INSTRUCTOR	\$ 45.91	\$ 49.37	
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	\$ 31.03	\$ 33.57	
HITCHMAN, LEEANN	INSTRUCTOR	\$ 44.64		
HORSLEY, JEFF	VICE CHANCELLOR HR	\$ 98.29	\$ 104.35	

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:		
		03-04	04-05	
HUNTER, JEROME	CHANCELLOR	\$ 126.46	\$ 122.34	
JAY, PAULA	ADMIN ASSISTANT	\$ 38.47	\$ 39.70	
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	\$ 78.86	\$ 84.84	
LATIEF, LINA	ACCOUNTING TECH	\$ 37.93	\$ 39.23	07/01/04
LATIEF, LINA	ACCOUNTING SPEC		\$ 40.89	03/01/05
LEE, PAT	PAYROLL MANAGER	\$ 50.15		
LEE, PAT	DIST MGR PAYROLL		\$ 56.84	
LEWIS, MARGORIE	PRESIDENT- CYPRESS COLLEGE	\$ 101.11	\$ 106.83	
LEYSON, ELIZABETH	DIVISION DEAN	\$ 72.95	\$ 77.43	7/01/04
LEYSON, ELIZABETH	INTERIM EXEC VP		\$ 82.82	11/10/04
LUSCH, ROD	SKILLED MAINTAINANCE MECH	\$ 43.51	\$ 44.95	
McALPIN, KENNETH	MGR/ MAINTENANCE & OPS		\$ 44.49	
McCLOUD, EDWARD	INSTRUCTOR	\$ 48.83	\$ 54.85	
McGUIRE, GARY	PROVOST	\$ 96.85	\$ 101.50	
MELELLA, LAURA	INSTRUCTOR		\$ 53.85	
MIRANDA, ALBERT	DIRECTOR/ FACILITIES		\$ 69.45	
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	\$ 60.95	\$ 65.35	
MONTANO, DIANE	MANAGER CHILD CARE	\$ 42.23	\$ 48.19	
MOORE, MIKE	INSTRUCTOR	\$ 57.01	\$ 59.33	
MOORE, SALLY	INSTRUCTOR	\$ 53.60	\$ 57.14	
NADELL, ROBERT	DEAN COUNSELING/STUDENT DEV	\$ 71.24	\$ 75.75	
NELSON, JANICE	BUS OFFICE SPEC	\$ 40.14	\$ 42.24	
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHNL	\$ 71.64	\$ 75.29	

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		03-04	04-05
NOVISOFF, ANNA	ADMIN ASSISTANT	\$ 39.01	\$ 43.19
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	\$ 69.74	\$ 79.51
PALMER, SANDRA	EXEC ASSISTANT	\$ 45.13	\$ 46.67
PARISI, TOM	DEAN INSTRUCTION ADULT ED	\$ 72.95	\$ 76.75
PEREZ, JENNIFER	ADMIN ASSISTANT	\$ 36.00	
PEREZ, JENNIFER	PUBLIC INFO OFFICER		\$ 40.70
PEREZ, RICK	COUNSELOR/STUDENT DEV DEAN	\$ 71.13	\$ 74.79
PFEIFFER, JODY	SECRETARY	\$ 29.27	\$ 18.49
PHILLIPS, JIM	INSTRUCTOR	\$ 58.54	\$ 60.82
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	\$ 75.05	\$ 78.84
POSNER, MARC	ADMIN ASSISTANT	\$ 38.55	
POSNER, MARC	PUBLIC INFO OFFICER		\$ 43.59
RAMIREZ, JORGE	DEAN STUDENT SERVICES	\$ 64.22	\$ 67.48
RAMIREZ, RICHARD	DEAN STUDENT SUPPORT SERVICES	\$ 72.58	\$ 75.93
RAMIREZ, RICHARD	INTERIM VP STUDENT SERVICES		\$ 78.85
RAUBOLT, JACK	DISTRICT DIRECTOR INFO SERVICES	\$ 71.76	\$ 81.73
REHA, DELORES	INSTRUCTOR		\$ 57.88
RODGERS, CAROLANNE	INSTRUCTOR	\$ 62.56	\$ 66.23

07/01/04
04/01/05

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		03-04	04-05
SANBORN, JACKIE	DIVISION OFFICE MANAGER	\$ 46.35	\$ 48.75
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE SVCS	\$ 49.94	\$ 56.78
SCHULTZ, GREG	INTERIM DIR FISCAL AFFAIRS		\$ 60.29
SIMPSON, BOB	DIVISION DEAN	\$ 73.73	\$ 77.49
SMEAD, RICHARD	INSTRUCTOR	\$ 47.80	\$ 49.74
SMITH, FRANK	DIRECTOR ACAD. COMP TECHNL	\$ 61.29	\$ 64.64
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	\$ 39.29	\$ 44.49
SOTO, ABEL	ADMISSIONS & RECORDS TECH	\$ 40.32	\$ 41.57
SPENCER, NORA	INSTRUCTOR	\$ 44.32	\$ 47.48
ST JOHN, PAUL	INSTRUCTOR	\$ 36.30	\$ 52.44
TAYLOR, CHRIS	IT SPEC SYS APPLICATION	\$ 50.25	\$ 51.88
TERRY, CHRISTINE	DEAN OF INSTRUCTION	\$ 70.78	\$ 74.43
TESAR, DAN	DIVISION DEAN	\$ 71.64	\$ 75.34
THOMAS, CONNIE	EXEC ASSISTANT	\$ 49.82	\$ 51.48
TYRRELL, DONALD	COUNSELOR	\$ 62.30	\$ 64.85
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	\$ 57.83	\$ 60.74
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	\$ 66.68	\$ 75.95
WASSENAAR, DAVE	DEAN, ADMISSIONS/RECORDS		\$ 76.79
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	\$ 63.04	\$ 71.74
WICKS, LORRAINE	COORDINATOR SENIOR PROGRAM	\$ 60.34	\$ 63.42
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFFAIRS	\$ 70.45	\$ 95.39
WILSON, MARCUS	INSTRUCTOR	\$ 53.67	\$ 57.05
ZANDY, BEN	INSTRUCTOR	\$ 56.33	\$ 58.55

07/01/04
04/01/05

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		03-04	04-05
SANBORN, JACKIE	DIVISION OFFICE MANAGER	\$ 46.35	\$ 48.75
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE SVCS	\$ 49.94	\$ 56.78
SCHULTZ, GREG	INTERIM DIR FISCAL AFFAIRS		\$ 60.29
SIMPSON, BOB	DIVISION DEAN	\$ 73.73	\$ 77.49
SMEAD, RICHARD	INSTRUCTOR	\$ 47.80	\$ 49.74
SMITH, FRANK	DIRECTOR ACAD. COMP TECHNL	\$ 61.29	\$ 64.64
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	\$ 39.29	\$ 44.49
SOTO, ABEL	ADMISSIONS & RECORDS TECH	\$ 40.32	\$ 41.57
SPENCER, NORA	INSTRUCTOR	\$ 44.32	\$ 47.48
ST JOHN, PAUL	INSTRUCTOR	\$ 36.30	\$ 52.44
TAYLOR, CHRIS	IT SPEC SYS APPLICATION	\$ 50.25	\$ 51.88
TERRY, CHRISTINE	DEAN OF INSTRUCTION	\$ 70.78	\$ 74.43
TESAR, DAN	DIVISION DEAN	\$ 71.64	\$ 75.34
THOMAS, CONNIE	EXEC ASSISTANT	\$ 49.82	\$ 51.48
TYRRELL, DONALD	COUNSELOR	\$ 62.30	\$ 64.85
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	\$ 57.83	\$ 60.74
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	\$ 66.68	\$ 75.95
WASSENAAR, DAVE	DEAN, ADMISSIONS/RECORDS		\$ 76.79
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	\$ 63.04	\$ 71.74
WICKS, LORRAINE	COORDINATOR SENIOR PROGRAM	\$ 60.34	\$ 63.42
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFFAIRS	\$ 70.45	\$ 95.39
WILSON, MARCUS	INSTRUCTOR	\$ 53.67	\$ 57.05
ZANDY, BEN	INSTRUCTOR	\$ 56.33	\$ 58.55

07/01/04

04/01/05

**PRODUCTIVE HOURLY RATE COMPUTATION
2004-2005
NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**

EMPLOYEE NAME	JOB TITLE	CE/CL	ANNUAL SALARY	TOTAL BENEFITS	ANNUAL COMPENSATION	ANNUAL HOURS	HOURLY RATE
ALIBRANDI, LUCINDA	INSTRUCTOR	CE	88,637.00	21,588.91	110,225.91	1800	61.24
AYON, VIOLET	EXEC. ADM. AIDE TO CHANCELLOR	CL	83,360.00	28,551.93	111,911.93	1800	62.17
BARROW, LINDA	HUMAN RESOURCES SPECIALIST	CONFIDENT	60,591.84	24,837.03	85,428.87	1800	47.46
BEELER, RON	DIST DIR FACILITIES CONTROL	CL	106,616.00	29,147.12	135,763.12	1800	75.42
BEERS, SUSAN	DEAN PHYSICAL EDUCATION	CE	115,106.00	24,375.14	139,481.14	1800	77.49
BENNETT, BARBARA	INSTRUCTOR	CE	74,671.00	18,090.40	92,761.40	1800	51.53
BETTENDORF, PAM	ADMINISTRATIVE ASSISTANT	CL	55,888.08	20,710.16	76,598.24	1800	42.55
BLACKLEY, TERRY	DEAN FINE ARTS	CE	105,447.00	22,699.85	128,146.85	1800	71.19
BOYD-DAILEY, NANCY	HUMAN RESOURCES SPECIALIST	CONFIDENT	49,503.96	24,370.10	73,874.06	1800	41.04
BOYD-DAILEY, NANCY	HUMAN RESOURCES SPECIALIST	CONFIDENT	52,023.96	25,069.45	77,093.41	1800	42.83
BRANDES, RAEANE	ACCOUNTING SPECIALIST	CL	55,280.16	22,530.51	77,810.67	1800	43.23
BRAULT, LORI	DIRECTOR HEALTH SERVICES	CE	88,124.12	16,043.55	104,167.67	1800	57.87
BROWN, KALETA	DIV. DEAN FINE ARTS	CE	92,467.00	21,896.97	114,363.97	1800	63.54
BURCHFIELD, JERRY	INSTRUCTOR	CE	83,414.00	17,931.68	101,345.68	1800	56.30
BURNS, MICHAEL	DEAN TECH AND ENGINEERING	CE	112,506.00	24,078.74	136,584.74	1800	75.88
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	CE	120,099.00	23,550.18	143,649.18	1800	79.81
CANT, KAREN	DIRECTOR BUDGET/FINANCE	CL	108,179.00	25,976.71	134,155.71	1800	74.53
CARRITHERS, JOE	INSTRUCTOR	CE	77,708.00	16,967.82	94,675.82	1800	52.60
CHAMBERS, TERRY	BENEFITS SPECIALIST	CL	44,736.00	19,539.91	64,275.91	1800	35.71
CLIFFORD, SUSAN B.	DEAN ACADEMIC SERVICES	CE	107,247.00	21,483.86	128,730.86	1800	71.52
COTTER, SANDRA	EXECUTIVE ASSISTANT	CONFIDENT	64,243.92	25,474.65	89,718.57	1800	49.84
COURCHAIINE, JEFFREY	INSTRUCTOR	CE	76,856.00	16,939.46	93,795.46	1800	52.11
CRAIG, DALE	INSTRUCTOR	CE	74,671.00	19,794.28	94,465.28	1800	52.48
DeMARKEY, NINA	DIV. DEAN SOCIAL SCIENCES	CL	82,203.00	17,663.07	99,866.07	1800	55.48
DONLEY, STEVEN	DIV DEAN VOC/TECH ED/ECON DEV	CE	115,106.00	23,434.00	138,540.00	1800	76.97
DONOVAN, LEXI	MANAGER CAMPUS ACCOUNTING	CL	79,385.00	25,072.76	104,457.76	1800	58.03
DOOLEY, GEORGE	COUNSELOR	CE	96,816.00	18,019.36	114,835.36	1800	63.80
DUNCAN, STEVE	DIST DIR HUMAN RESOURCES	CL	112,506.00	31,946.03	144,452.03	1800	80.25
EISENHUT, LINDA	DIST MANAGER BENEFITS	CL	66,192.00	24,915.24	91,107.24	1800	50.62
FISHMAN, DARLENE	DIRECTOR NURSING	CE	95,069.51	20,252.77	115,322.28	1800	64.07
FLEEMAN, RODNEY	VC FINANCE AND FACILITIES	CE	141,371.00	23,070.31	164,441.31	1800	91.36
FLORES-CHURCH, ADRIANNA	ADMIN SUPP MANAGER HR	CL	57,773.00	20,631.93	78,404.93	1800	43.56

7/1/2004
1/1/2005

FRANKS, JOE	INSTRUCTOR	CE	81,230.00	19,459.28	100,689.28	1800	55.94	
GABEL, ANN-MARIE	ACCOUNTING MANAGER	CL	84,107.00	24,323.44	108,430.44	1800	60.24	7/1/2004
GABEL, ANN-MARIE	DIRECTOR FISCAL AFFAIRS	CL	89,848.00	25,514.82	115,362.82	1800	64.09	12/15/2005
GISKA, MARY LOU	DIRECTOR HEALTH SERVICES	CE	72,432.04	14,027.12	86,459.16	1800	48.03	
GOMBER, LISA	ADMINISTRATIVE ASSISTANT	CL	56,588.16	23,043.03	79,631.19	1800	44.24	
GUYTON, JEAN	MANAGER APPLICATION SUPPORT	CL	108,711.00	* 28,830.43	137,541.43	1800	76.41	
HANNON, ANDREA	DIV DEAN HEALTH SERVICES	CE	112,506.00	24,078.74	136,584.74	1800	75.88	
HARTER, RENIE	MANAGER CAMPUS ACCOUNTING	CL	84,645.00	28,744.61	113,389.61	1800	62.99	
HATCHETT, DONNA	DIST DIR PUBLIC AFFAIRS	CL	112,506.00	* 33,086.04	145,592.04	1800	80.88	
HEBSON, CHRIS	IT SPECIALIST SYS APPLICATION	CL	69,436.08	26,940.38	96,376.46	1800	53.54	7/1/2004
HEBSON, CHRIS	IT SPECIALIST SYS APPLICATION	CL	72,424.08	27,769.61	100,193.69	1800	55.66	6/1/2005
HENDERSON, WILFORD	SAFETY SPECIALIST	CL	61,162.20	23,809.54	84,971.74	1800	47.21	
HENRY, DIANE	DIVISION DEAN PHYSICAL ED	CE	112,506.00	24,078.74	136,584.74	1800	75.88	
HERRERA, ALEX	INSTRUCTOR	CE	72,486.00	16,377.91	88,863.91	1800	49.37	
HITCHCOCK, REGINA	COMPUTER LAB ASSISTANT	CL	41,550.12	18,869.67	60,419.79	1800	33.57	
HORSLEY, JEFFREY	VICE CHANCELLOR HR	CE	162,080.00	** 25,741.26	187,821.26	1800	104.35	
HUNTER, JEROME	CHANCELLOR	CE	185,846.00	** 34,362.07	220,208.07	1800	122.34	
JAY, PAULA	ADMINISTRATIVE ASSISTANT	CL	47,910.12	23,546.80	71,456.92	1800	39.70	
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	CE	125,696.72	** 27,018.99	152,715.71	1800	84.84	
LATIEF, LINA	ACCOUNTING SPECIALIST	CL	47,198.04	23,423.16	70,621.20	1800	39.23	7/1/2004
LATIEF, LINA	ACCOUNTING SPECIALIST	CL	49,538.04	24,072.56	73,610.60	1800	40.89	3/1/2005
LEE, PAT	DISTRICT MANAGER PAYROLL	CL	75,414.00	26,902.97	102,316.97	1800	56.84	
LEWIS, MARGORIE	PRESIDENT CYPRESS COLLEGE	CE	162,080.00	** 30,213.80	192,293.80	1800	106.83	
LEYSON, ELIZABETH	DEAN HUMANITIES	CE	114,498.01	24,871.71	139,369.72	1800	77.43	7/1/2004
LEYSON, ELIZABETH	INTERIM EXEC VP	CE	123,096.75	25,976.65	149,073.40	1800	82.82	11/10/2004
LUDFORD, DEBORAH R.	DEAN BUSINESS & CIS	CE	108,179.00	22,543.88	130,722.88	1800	72.62	
LUSCH, ROD	SKILLED MAINTENANCE MECHANIC	CL	57,588.00	23,320.50	80,908.50	1800	44.95	
McALPIN, KENNETH	MANAGER MAINTENANCE & OPS	CL	59,659.00	20,416.78	80,075.78	1800	44.49	
MCCLOUD, EDWARD	INSTRUCTOR	CE	81,230.00	17,501.52	98,731.52	1800	54.85	
MCGUIRE, GARY	PROVOST	CE	154,845.00	** 27,851.24	182,696.24	1800	101.50	
MELELLA, LAURA	INSTRUCTOR	CE	76,856.00	20,075.06	96,931.06	1800	53.85	
MIRANDA, ALBERT	DIRECTOR PHYSICAL PLANT/FACILITIES	CL	97,094.00	27,911.00	125,005.00	1800	69.45	
MIRANDA, BOB	DIRECTOR FINANCIAL AIDE	CL	90,793.00	* 26,844.56	117,637.56	1800	65.35	
MONTANO, DIANE	MANAGER CHILD CARE	CL	64,992.00	21,754.12	86,746.12	1800	48.19	
MOORE, MIKE	INSTRUCTOR	CE	85,601.00	21,198.79	106,799.79	1800	59.33	
MOORE, SALLY	INSTRUCTOR	CE PAID CL	72,486.00	30,367.09	102,853.09	1800	57.14	
NADELL, ROBERT	DEAN COUNSELING/STUDENT DEV	CE	115,106.00	21,239.54	136,345.54	1800	75.75	
NELSON, JANICE	BUSINESS OFFICE SPECIALIST	CL	52,578.12	23,458.90	76,037.02	1800	42.24	
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHN	CE	110,111.00	25,402.32	135,513.32	1800	75.29	
NOVISOFF, ANNA	ADMINISTRATIVE ASSISTANT	CL	55,087.00	22,651.37	77,738.37	1800	43.19	
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	CL	112,906.00	* 30,211.96	143,117.96	1800	79.51	
PALMER, SANDRA	EXECUTIVE ASSISTANT	CONFIDENT	59,772.00	24,233.61	84,005.61	1800	46.67	
PARISI, TOM	DEAN INSTRUCTION ADULT ED	CE	112,506.00	25,636.10	138,142.10	1800	76.75	
PEREZ, JENNIFER	PUBLIC INFORMATION OFFICER	CL	53,510.00	19,747.28	73,257.28	1800	40.70	

PEREZ, RICK	COUN/STDET DEV DEAN	CE	115,106.00	19,510.72	134,616.72	1800	74.79
PFEIFFER, JODY	ADMINISTRATIVE ASSISTANT	CL	20,966.04	12,313.02	33,279.06	1800	18.49
PHILLIPS, JIM	INSTRUCTOR	CE	90,824.00	18,653.22	109,477.22	1800	60.82
PORTOLAN, JANET	VP EDUC SUPPORT/PLAN	CE	120,099.00	21,808.75	141,907.75	1800	78.84
POSNER, MARC	PUBLIC INFORMATION OFFICER	CL	55,657.00	22,803.00	78,460.00	1800	43.59
RAMIREZ, JORGE	DEAN STDT SERVICES	CE	100,017.00	21,450.96	121,467.96	1800	67.48
RAMIREZ, RICHARD	DEAN STDT SUPP SVCS	CE PAID CL	115,106.00	21,569.99	136,675.99	1800	75.93
RAMIREZ, RICHARD	INTERIM VP STUDENT SERVICES	CE PAID CL	120,099.00	21,829.63	141,928.63	1800	78.85
RAUBOLT, JACK	DIST DIR INFO SERVICES	CL	116,603.00	30,519.31	147,122.31	1800	81.73
REHA, DELORES	INSTRUCTOR	CE	85,601.00	18,588.61	104,189.61	1800	57.88
RODGERS, CAROLANNE	INSTRUCTOR	CE PAID CL	87,787.00	31,426.11	119,213.11	1800	66.23
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT	CL	61,738.20	26,015.89	87,754.09	1800	48.75
SCHULTZ, GREG	COORDINATOR ADMINISTRATIVE SERV	CL	77,773.00	24,429.40	102,202.40	1800	56.78
SCHULTZ, GREG	INTERIM DIRECTOR FISCAL AFFAIRS	CL	83,003.00	25,514.73	108,517.73	1800	60.29
SIMPSON, BOB	DEAN MATH AND COMP SCIENCE	CE	115,106.00	24,375.14	139,481.14	1800	77.49
SMEAD, RICHARD	INSTRUCTOR	CE	70,300.00	19,232.61	89,532.61	1800	49.74
SMITH, FRANK	DIRECTOR ACAD. COMP TECHN	CE	95,978.00	20,369.51	116,347.51	1800	64.64
SMITH, SHIRLEY	DIRECTOR PUBLIC SAFETY	CL	59,659.00	20,416.78	80,075.78	1800	44.49
SOTO, ABEL	ADMISSIONS AND RECORDS TECH	CL	52,820.16	21,997.33	74,817.49	1800	41.57
SPENCER, NORA	INSTRUCTOR	CE	72,486.00	12,980.05	85,466.05	1800	47.48
ST JOHN, PAUL	INSTRUCTOR	CE	74,671.00	19,720.30	94,391.30	1800	52.44
TAYLOR, CHRIS	IT SPECIALIST SYS APPLICATION	CL	70,136.16	23,255.49	93,391.65	1800	51.88
TERRY, CHRISTINE	DEAN INSTR/STUDENT SERVICES	CE	112,506.00	21,468.56	133,974.56	1800	74.43
TESAR, DAN	DEAN SOCIAL SCIENCES	CE	112,506.00	23,099.90	135,605.90	1800	75.34
THOMAS, CONNIE	EXECUTIVE ASSISTANT	CONFIDENT	64,215.84	28,452.94	92,668.78	1800	51.48
TYRRELL, DONALD	COUNSELOR BUSINESS ED	CE	94,407.00	22,330.36	116,737.36	1800	64.85
VYSKOCIL, CINDY	DIRECTOR EQUITY AND DIVERSITY	CE	89,765.00	19,571.14	109,336.14	1800	60.74
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	CL	107,511.00	29,196.24	136,707.24	1800	75.95
WASSENAAR, DAVE	DEAN ADMISSION/RECORDS	CE	112,506.00	25,710.08	138,216.08	1800	76.79
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	CL	100,825.00	28,304.41	129,129.41	1800	71.74
WICKS, LORRAINE	MANAGER SCE SENIORS PROGRAM	CE	91,193.00	22,971.36	114,164.36	1800	63.42
WILLIAMS, FRED	DISTRICT DIRECTOR FISCAL AFFAIRS	CL	138,548.00	33,147.16	171,695.16	1800	95.39
WILSON, MARCUS	INSTRUCTOR	CE	84,268.00	18,417.32	102,685.32	1800	57.05
YOUNG, ELDON	DEAN, LANGUAGE ARTS/LIBRARY	CE	112,506.00	25,636.18	138,142.18	1800	76.75
ZANDY, BEN	INSTRUCTOR	CE	87,787.00	17,596.60	105,383.60	1800	58.55

7/1/2004
4/1/2005

7/1/2004
4/1/2005

**Includes car allowance
Retirement not calculated on allowance

* Social Security
Wage Base \$87900 (1/1/04)
Wage Base \$90000 (1/1/05)
Used average of \$88950
If Annual Salary of employee covered by Social Security over \$88950-Multiply 6.2% times excess
and deducted this amount from total benefits

Six ten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 16, 2007

Claim File Copy

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

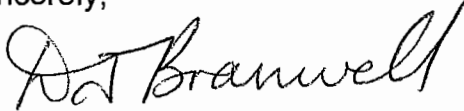
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

486/75	Mandated Reimbursement Process	2005-2006
961/75	Collective Bargaining	2005-2006
1/84	Health Fee Elimination	2005-2006
308/95	Enrollment Fee Collection and Waivers	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



for Keith B. Petersen, President

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed ___/___/___	
	(21) LRS Input ___/___/___	

(01) Claimant Identification Number: CC30105	Reimbursement Claim Data		
(02) Claimant Name North Orange County Community College District	(22) EFCW-1, (04)(A)(1)(a)(f)		67
County of Location Orange	(23) EFCW-1, (04)(A)(1)(b)(f)		4,048
Street Address or P.O. Box 1830 West Romney Drive	(24) EFCW-1, (04)(A)(2)(a)(f)		826,195
City Anaheim	State CA	Zip Code 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)
Type of Claim	Estimated Claim	Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	380
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)
			466,102
			(29) EFCW-1, (04)(B)(2)(c)(f)
			3,416
Fiscal Year of cost	(06) 2006-2007	(12) 2005-2006	(30) EFCW-1, (06)
			39
Total Claimed Amount	(07) \$ 1,481,200	(13) \$ 1,346,634	(31) EFCW-1, (07)
			507,081
Less: 10% Late Penalty		(14) \$ -	(32) EFCW-1, (09)
			118,851
Less: Prior Claim Payment Received		(15) \$ -	(33) EFCW-1, (10)
			341,804
Net Claimed Amount		(16) \$ 1,346,634	(34)
Due from State	(08) \$ 1,481,200	(17) \$ 1,346,634	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)

Claudette Dain
W

Date

1/10/07

Claudette Dain

District Director, Fiscal Affairs

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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(01) Claimant Identification Number: CC30105	Reimbursement Claim Data																
(02) Claimant Name: North Orange County Community College District	(22) EFCW-1, (04)(A)(1)(a)(f)	67															
County of Location: Orange	(23) EFCW-1, (04)(A)(1)(b)(f)	4,048															
Street Address or P.O. Box: 1830 West Romney Drive	(24) EFCW-1, (04)(A)(2)(a)(f)	826,195															
City: Anaheim State: CA Zip Code: 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Type of Claim</th> <th style="width:20%;">Estimated Claim</th> <th style="width:20%;">Reimbursement Claim</th> </tr> <tr> <td>(03) Estimated <input checked="" type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td>(26) EFCW-1, (04)(B)(1)(b)(f)</td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td>(27) EFCW-1, (04)(B)(2)(a)(f)</td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td>(28) EFCW-1, (04)(B)(2)(b)(f)</td> </tr> <tr> <td></td> <td></td> <td>(29) EFCW-1, (04)(B)(2)(c)(f)</td> </tr> </table>	Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) EFCW-1, (04)(B)(1)(b)(f)	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)			(29) EFCW-1, (04)(B)(2)(c)(f)		380
Type of Claim	Estimated Claim	Reimbursement Claim															
(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) EFCW-1, (04)(B)(1)(b)(f)															
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)															
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)															
		(29) EFCW-1, (04)(B)(2)(c)(f)															
Fiscal Year of cost: (06) 2006-2007	(12) 2005-2006	(30) EFCW-1, (06)															
Total Claimed Amount: (07) \$ 1,481,200	(13) \$ 1,346,634	(31) EFCW-1, (07)															
Less: 10% Late Penalty	(14) \$ -	(32) EFCW-1, (09)															
Less: Prior Claim Payment Received	(15) \$ -	(33) EFCW-1, (10)															
Net Claimed Amount	(16) \$ 1,346,634	(34)															
Due from State: (08) \$ 1,481,200	(17) \$ 1,346,634	(35)															
Due to State	(18)	(36)															

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Claudette Dain 1/10/07

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

(38) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

Program 57	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a. Preparing district policies & procedures for § IV.A.	\$ 67.46	\$ -	\$ -	\$ -	\$ -	\$ 67.46
b. Staff training (One time per employee)	\$ 4,047.60	\$ -	\$ -	\$ -	\$ -	\$ 4,047.60

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a. Calculating and collecting enrollment fees	\$ 826,195.47	\$ -	\$ -	\$ -	\$ -	\$ 826,195.47

E. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 379.52	\$ -	\$ -	\$ -	\$ -	\$ 379.52

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 466,102.48	\$ -	\$ -	\$ -	\$ -	\$ 466,102.48
c. Reporting BOG fee waiver data to CCC	\$ 3,415.68	\$ -	\$ -	\$ -	\$ -	\$ 3,415.68
(05) Total Direct Costs	\$ 1,300,208.21	\$ -	\$ -	\$ -	\$ -	\$ 1,300,208.21

Indirect Costs						
(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]					39.00%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]					\$ 507,081.20
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]					\$ 1,807,289.41

Cost Reduction						
(09) Less: Enrollment Fee Revenue offset						\$ 118,851.00
(10) Enrollment Fee Waiver offsets						\$ 341,804.00
(11) Total Claimed Amount	[Line (08) - (Line (09) + Line (10))]					\$ 1,346,634.41

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year <div style="text-align: right;">2005-2006</div>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
---	---

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$67.46	1.0	\$ 67.46				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 67.46	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year 2005-2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$67.46	60.0	\$ 4,047.60				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 4,047.60	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant n Orange County Community College District	(02) Fiscal Year 2005-2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Referencing student accounts and records Various Staff I Collecting Enrollment Fees	\$29.78	6,975.5	\$ 207,730.39				
Calculating total enrollment fee to be collected Various Staff I Collecting Enrollment Fees	\$29.78	5,490.4	\$ 163,504.11				
Answering student's questions regarding enrollment fee collection Various Staff I Collecting Enrollment Fees	\$29.78	7,492.2	\$ 223,117.72				
Keeping written and computer records for enrollment fee information Various Staff I Collecting Enrollment Fees	\$29.78	7,363.0	\$ 219,270.14				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Various Staff I Collecting Enrollment Fees	\$29.78	38.8	\$ 1,155.46				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Various Staff I Collecting Enrollment Fees	\$29.78	383.4	\$ 11,417.65				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 826,195.47	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year 2005-2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$47.44	8.0	\$ 379.52				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 379.52	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL						FORM EFCW-2		
Claimant Orange County Community College District				(02) Fiscal Year		2005-2006			
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.									
A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)				B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)					
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees				B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input checked="" type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC					
(04) Description of Expenses									
(a)			(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses			Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person									
Various Staff II Waiving Enrollment Fees			\$29.91	2,324.1	\$ 69,513.83				
Receiving waiver applications									
Various Staff II Waiving Enrollment Fees			\$29.91	3,486.1	\$ 104,269.25				
Evaluating waiver applications and verifying application documents									
Various Staff II Waiving Enrollment Fees			\$29.91	4,191.7	\$ 125,373.75				
Asking students of additional documentation requirements and how to obtain information									
Various Staff II Waiving Enrollment Fees			\$29.91	333.3	\$ 9,969.00				
Entering approved application information into district records; providing student award letter									
Various Staff II Waiving Enrollment Fees			\$29.91	4,766.9	\$ 142,577.98				
In case of denied applications, reviewing and evaluating information if denial is appealed by student									
Various Staff II Waiving Enrollment Fees			\$29.91	481.4	\$ 14,398.67				
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/>				Page 1 of 1	\$ 466,102.48	\$ -	\$ -	\$ -	\$ -

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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Claimant Orange County Community College District	(02) Fiscal Year <div style="text-align: right;">2005-2006</div>
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$47.44	72.0	\$ 3,415.68				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 3,415.68	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT FEE COLLECTIONS/WAIVERS
 2005-2006
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
05-06	1.00	Harter, Renie	Bursar	\$67.46	\$67.46	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures fo
05-06	60.00	Harter, Renie	Bursar	\$67.46	\$4,047.60	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	61.00	Harter, Renie Total			\$4,115.06		
05-06	8.00	Larson, Nancy	Coordinator	\$47.44	\$379.52	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
05-06	72.00	Larson, Nancy	Coordinator	\$47.44	\$3,415.68	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$3,795.20		
05-06	6,975.50	Various Staff I	Collecting Enrollment Fees	\$29.78	\$207,730.39	Referencing student accounts and records	Calculating and collecting enrollment fees
05-06	5,490.40	Various Staff I	Collecting Enrollment Fees	\$29.78	\$163,504.11	Calculating total enrollment fee to be collected	Calculating and collecting enrollment
05-06	7,492.20	Various Staff I	Collecting Enrollment Fees	\$29.78	\$223,117.72	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
05-06	7,363.00	Various Staff I	Collecting Enrollment Fees	\$29.78	\$219,270.14	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
05-06	38.80	Various Staff I	Collecting Enrollment Fees	\$29.78	\$1,155.46	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
05-06	383.40	Various Staff I	Collecting Enrollment Fees	\$29.78	\$11,417.65	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	27,743.30	Various Staff I Total			\$826,195.47		
05-06	2,324.10	Various Staff II	Waiving Enrollment Fees	\$29.91	\$69,513.83	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
05-06	3,486.10	Various Staff II	Waiving Enrollment Fees	\$29.91	\$104,269.25	Receiving waiver applications	Waiving student fees
05-06	4,191.70	Various Staff II	Waiving Enrollment Fees	\$29.91	\$125,373.75	Evaluating waiver applications and verifying application documents	Waiving student fees
05-06	333.30	Various Staff II	Waiving Enrollment Fees	\$29.91	\$9,969.00	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
05-06	4,766.90	Various Staff II	Waiving Enrollment Fees	\$29.91	\$142,577.98	Entering approved application information into district records; providing student award letter	Waiving student fees
05-06	481.40	Various Staff II	Waiving Enrollment Fees	\$29.91	\$14,398.67	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	15,583.50	Various Staff II Total			\$466,102.48		
	43,467.80	Grand Total			\$1,300,208.21		

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: June 9, 1998

INSTITUTION:

North Orange County Community College District
1000 North Lemon Street

FILING REF.: The preceding Agreement was dated March 30, 1987

Fullerton

CA 92634

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/97	06/30/02	38.0	On-Campus	All Programs
PROV.	07/01/02	06/30/04	38.0	On-Campus	All Programs

*BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

EFCW 1.6B

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

District: North Orange County CCA

Remie Hartor
Employee Name

Bursar
Exact Position Title

Cypress 714-484-7316
College/Department/Location Telephone #

12mo/1mo/10mo/hrly
Work year length

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: _____ 1

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: _____ 60

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: _____ 61

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 Remie Hartor Date 10-9-06

If you have any questions, please contact Kashu Myas at 714-808-4925

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

EFCW 1.6B

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

District: North Orange County CSD

Alan Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

714-992-7057
Telephone #

12mo/11mo/10mo/hrly
Work year length

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: _____ 8

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.

_____ 72

TOTALS:

80

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 [Signature]

Date 1/9/07

If you have any questions, please contact Rashmi Vyas at 714-906-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 1998-99 through 2005-05
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1		1		4	5
		**Activity Codes					
		11	12	13	14	15	16
Adams, Jessica	CC-FADept.-Clerical Assistant I	5.0					
Aguirre, Maria	FC-FADept.-Financial Technician/VA	10.0	10.0	15.0	10.0		
Alcaraz, Jose	FC-FADept.-Financial Aid Technician	1.0	5.0	5.0	3.0		
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	15.0	5.0	5.0	38.0		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	3.0	3.0	1.0	2.0		
Alton, Meg	CC-A&R-Technician	1.0	2.0	2.0	1.0		
Aure, R. Allan	FC-A&R-Technician	7.0	3.0	5.0	2.0	5.0	3.0
Bassler, Jennifer	FC-A&R-Hourly Support Staff	5.0	5.0	8.0	5.0	10.0	9.0
Beard, Claudia	FC-Bursar's Office-Account Clerk II			8.0		6.0	5.0
Bustos, Raymond	FC-FADept.-VA Coordinator	4.0	4.0	3.0	4.0		
Calderon-Teneza, Roselle	CC-FADept.-Financial Aid Technician	15.0	15.0	10.0	10.0		
Carter, Patricia	CC-Bursar's Office-Account Technician	4.0	3.0	2.0	2.0	3.0	4.0
Chang, David	CC-A&R-Evaluator	2.0	2.0	2.0	2.0		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	2.0	3.0	4.0	4.0		
Cobb, Keith	CC-FADept.-Director, Financial Aid	12.0		6.0	15.0		12.0
Cruz, Carrie	FC-FADept.-Clerical Assistant	5.0	1.0	5.0	5.0		
Dean, Brian	CC-A&R-Technician	5.0	5.0	5.0	5.0		
Dillon, Andrew	FC-A&R-Hourly Support Staff	3.0	2.0	5.0	2.0	3.0	2.0
Do, Field	FC-A&R-Evaluator	4.0	4.0	3.0	3.0	2.0	2.0
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0	2.0	1.0	1.0	1.0	2.0
Edwards, Arnette	CC-FADept.-Financial Aid Specialist	15.0	15.0	15.0	15.0		
Felix, Ana	FC-A&R-Specialist	5.0	5.0	5.0	3.0	5.0	5.0
Filippi, Geovani	CC-A&R-Hourly Student	1.0	1.0	6.0	2.0		
Fitzgerald, Colleen	FC-A&R-Technician	5.0	5.0	5.0	3.0	5.0	5.0
Fond, Regina	CC-A&R-Registrar	5.0	1.0	20.0	1.0		
Foster, Patricia	FC-A&R-Office Coordinator	3.0	3.0	5.0	2.0	1.0	1.0
Funaoka, Lisa	FC-A&R-Technician	2.0	5.0	4.0	3.0	5.0	3.0
Giles, Ernice	CC-A&R-Evaluator	10.0	10.0	10.0	10.0		
Guzman, Elizabeth	FC-A&R-Technician	5.0	5.0	6.0	5.0	5.0	7.0
Ha, Jackie	CC-FADept.-FAS	15.0	15.0	10.0	10.0		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	2.0	4.0		3.0	8.0	5.0
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1.0	4.0	2.0	3.0	2.0	1.0
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	5.0	7.0	4.0	4.0	20.0	9.0
Lam, Tina	FC-FADept.-Financial Aid Technician	7.5	10.0	5.0	10.0		
Larson, Nancy	FC-FADept.-Coordinator	5.0	10.0	10.0	15.0		
Ledezma, Stephen	FC-A&R-Hourly	1.0	2.0	1.0	3.0	1.0	1.0
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	4.0	7.0	4.0	3.0	10.0	10.0
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	5.0	4.0	4.0	3.0	5.0	3.0
Maertens, Tina	CC-A&R-Clerical Assistant 1	2.5	3.0	3.0	3.0		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1.0		1.0		3.0	2.0
Martinez, Debres	FC-A&R-Technician	6.0	5.0	5.0	5.0	5.0	7.0
Martinez, Monica	FC-A&R-Hourly Clerk (Transcripts)	2.0	2.0	5.0	2.0	1.0	
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	6.0	8.0	10.0	9.0	8.0	10.0
Menchaca, Jesus	FC-A&R-Hourly Clerk	4.0	2.0	3.0	2.0	2.0	3.0
Miller, John	FC-Bursar's Office-Accounting Technician			1.0		5.0	7.0
Montenegro, Christy	CC-A&R-Technician	2.0	4.0	7.5	3.5		
Morales, Lisa	CC-Bursar's Office-Account Technician	6.0	7.0	5.0	5.0	30.0	8.0
Mosley, Amelia	CC-A&R-Clerical Assistant	4.0	5.0	4.0	4.0		
Negrete, Rena	FC-A&R-Technician	6.0	5.0	3.0	5.0	5.0	3.0
Neri, Auria	CC-A&R-Hourly Student	1.0	3.0	4.0	3.0		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	10.0	5.0	5.0	30.0		
Oropeza, Elaine	FC-FADept.-Financial Aid Technician	10.0	10.0	15.0	10.0		
Patakas, John	FC-A&R-Technician	5.0	4.0	3.0	4.0	2.0	2.0
Patterson, Kandi	FC-A&R-Evaluator	5.0	5.0	5.0	5.0	5.0	5.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 1998-99 through 2005-05
 Time Study

Staff	Title	**Activity Codes					
		11	12	13	14	15	16
Quan, Linh	FC-Bursar's Office-Accounting Specialist	3.0		3.0			5.0
Ramos, Amanda	CC-A&R-Clerical Assistant I	3.0	4.5	2.0	3.0		
Reyes, Elizabeth	CC-A&R-Hourly Student	2.0	2.0	1.0	2.0		
Reza, Alan	CC-FADept.-Financial Aid Technician	30.0	15.0	30.0	15.0		25.0
Rodríguez, Daisy	CC-Bursar's Office-Hourly Registration	5.0	8.0	8.0	5.0	8.0	10.0
Salcedo, Daniel	FC-FADept.-Clerical Assistant I	2.0	3.0	2.0	3.0		
Sandoval, Rebeca	CC-FADept.-Financial Aid	13.5	5.0	15.0	7.0	3.0	7.0
Schwiebert, Laurie	FC-FADept.-Administrative Asst. I	5.0	1.0	1.0	2.0		
Shrack, Amy	FC-A&R-Administrative Asst. II	2.0	4.0	3.0	1.0	4.0	3.0
Smith, Audrey	FC-A&R-Specialist	2.0	1.0	3.0	1.0	5.0	4.0
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	3.0	7.5	4.0	4.5	1.0	4.0
Taylor, Toniesha	CC-A&R-Evaluator	2.0	5.0	7.5	2.0		
Tran, Kimberly	CC-FADept.-Financial Aid Technician	20.0	15.0	15.0	15.0		
Truong, Duong	CC-A&R-Clerical Assistant	1.0	2.0	3.0	2.0		
Truong, Phuc	CC-A&R-Hourly Student	3.0	3.0	2.0	3.0		
Tushla, Nicol	FC-A&R-Evaluator	2.0	2.0	5.0	1.0	3.0	2.0
Villegas, Fatima	FC-FADept.-Clerical Assistant	1.0	5.0	5.0	5.0		
Average		5.4	5.2	5.8	5.7	5.5	5.4

Conclusion: Findings go forward to Schedule 1A.

***EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.**

- EFC 1 - Total number of students who enroll in the college
- EFC 2 - Total number of students who paid enrollment fees
- EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 1998-1999 to 2005-2006
EFC Multipliers

Purpose: To determine most common multiplier used by client.

Source: EFCW 1.7-2's.

Findings:

Staff	Title	Activity Code					
		11	12	13	14	15	16
Allen-Courtney, Akilah	CC-A&R-Records Lead Specialist	1	1	1	1		
Almaraz, Arturo	CC-A&R-Clerical Assistant - 40%	1	1	1	1		
Alton, Meg	CC-A&R-Technician	1	1	1	1		
Beard, Claudia	FC-Bursar's Office-Account Clerk II			1		4	5
Carter, Patricia	CC-Bursar's Office-Account Technician	1	1		1		
Chang, David	CC-A&R-Evaluator	1	1	1	1		
Clark, Antionese	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Dean, Brian	CC-A&R-Technician	1	1	1	1		
Do, Field	FC-A&R-Evaluator	4	4	3	3	2	2
Filippi, Geovani	CC-A&R-Hourly Student	1	1	1	1		
Fond, Regina	CC-A&R-Registrar	1	1	1	1		
Giles, Ernice	CC-A&R-Evaluator	1	1	1	1		
Harter, Renie	CC-Bursar's Office-Manager, Campus Accounting	1	1		1	4	5
Henry, Kevin	CC-Bursar's Office-Cashier/Registration Clerk	1	1		1	4	5
Kanaan, Jihad (Jay)	CC-Bursar's Office-Account Technician	1	1		1	4	5
Leopold, Maureen	CC-Bursar's Office-Accounting Specialist	1	1		1	4	5
Maertens, Tina	CC-A&R-Clerical Assistant 1	1	1	1	1		
Mahoney, Leslie	FC-Bursar's Office-Account Clerk II	1		1		4	5
Meinert, Sarah	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Miller, John	FC-Bursar's Office-Accounting Technician			1		4	5
Montenegro, Christy	CC-A&R-Technician	1	1	1	1		
Morales, Lisa	CC-Bursar's Office-Account Technician	1	1		1	4	5
Mosley, Amelia	CC-A&R-Clerical Assistant	1	1	1	1		
Neri, Auria	CC-A&R-Hourly Student	1	1	1	1		
Nguyen, Tuan Dustin	CC-A&R-Admissions Lead Specialist	1	1	1	1		
Quan, Linh	FC-Bursar's Office-Accounting Specialist	1		1			5
Ramos, Amanda	CC-A&R-Clerical Assistant I	1	1	1	1		
Reyes, Elizabeth	CC-A&R-Hourly Student	1	1	1	1		
Rodriguez, Daisy	CC-Bursar's Office-Hourly Registration	1	1		1	4	5
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	2	4	3	3	5	5
Taylor, Toniesha	CC-A&R-Evaluator	1	1	1	1		
Truong, Duong	CC-A&R-Clerical Assistant	1	1	1	1		
Truong, Phuc	CC-A&R-Hourly Student	1	1	1	1		
Multiplier used the most per Activity Code as provided by client		1	1	1	1	4	5
SixTen default multipliers		1	2	1	1	4	5

OK to use multipliers provided by client except for Code 12 - need to use default EFC 2.

Conclusion: Findings go forward to schedule 2.

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2005-06
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8		7	
		**Activity Codes					
		21	22	23	24	25	26
Adams, Jessica	CC-Clerical Assistant I	2.0					
Aguirre, Maria	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Alcaraz, Jose	FC-Financial Aid Technician	2.0	1.0	1.0	5.0	5.0	15.0
Aure, R. Allan	FC-A&R-Technician	2.0					
Bassler, Jennifer	FC-A&R-Hourly Staff Support	5.0					
Bustos, Raymond	FC-VA Coordinator	4.0	5.0	3.0	5.0	5.0	4.0
Calderon-Teneza, Roselle	CC-Financial Aid Technician	5.0	10.0	15.0	15.0	20.0	20.0
Caro, Barbara	FC-A&R-Admissions Technician	3.0					
Cobb, Keith	CC-Director, Financial Aid	15.0	15.0	15.0			15.0
Cruz, Carrie	FC-Clerical Assistant	5.0	1.0	3.0	2.0	5.0	2.0
Dillon, Andrew	FC-A&R-Hourly Staff Support	1.0	2.0	3.0	1.0	2.0	
Do, Field	FC-A&R-Evaluator	2.0					
Ealy, Sara	FC-A&R-Hourly Office Clerk	2.0					
Edwards, Arnette	CC-Financial Aid Specialist	15.0	15.0	15.0	15.0	20.0	20.0
Felix, Ana	FC-A&R-Specialist	5.0					
Fitzgerald, Colleen	FC-A&R-Technician	3.0					
Foster, Patricia	FC-A&R-Office Coordinator	2.0					
Funaoka, Lisa	FC-A&R-Technician	1.0					
Guzman, Elizabeth	FC-A&R-Technician	5.0					
Ha, Jackie	CC-FAS	10.0	10.0	10.0	10.0	10.0	10.0
Lam, Tina	FC-Financial Aid Technician	5.0	5.0	5.0	5.0	10.0	20.0
Ledezma, Stephen	FC-A&R-Hourly	1.0					
Luviano, Elizabeth	FC-A&R-Hourly Office Clerk	3.0					
Martinez, Debres	FC-A&R-Technician	5.0					
Martinez, Monica	FC-A&R-Hourly Transcript Clerk	1.0					
Menchaca, Jesus	FC-A&R-Hourly Clerk	3.0					
Negrete, Rena	FC-A&R-Technician	3.0					
Oropeza, Elaine	FC-Financial Aid Technician	10.0	15.0	15.0	15.0	20.0	30.0
Patakas, John	FC-A&R-Technician	4.0					
Patterson, Kandi	FC-A&R-Evaluator	5.0					
Reza, Alan	CC-Financial Aid Technician	30.0	15.0	25.0	30.0	30.0	15.0
Salcedo, Daniel	FC-Clerical Assistant I	3.0	5.0	5.0	5.0	5.0	5.0
Sandoval, Rebeca	CC-Financial Aid	15.0	13.0	17.5	20.0	22.5	17.5
Schwiebert, Laurie	FC-Administrative Asst. I	1.0	1.0	2.0	1.0	4.0	5.0
Shrack, Amy	FC-A&R-Administrative Asst. II	3.0					
Smith, Audrey	FC-A&R-Specialist	4.0					
Sosoatu, Carolyn	FC-A&R-Hourly Office Clerk	5.0					
Tran, Kimberly	CC-Financial Aid Technician	15.0	10.0	15.0	10.0	15.0	10.0
Tushla, Nicol	FC-A&R-Evaluator	2.0					
Villegas, Fatima	FC-Clerical Assistant	5.0	5.0	7.0	5.0	7.0	10.0
Average		5.6	8.4	10.1	9.9	12.5	14.3

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2006-2005 SECOND PRINCIPAL APPORTIONMENT EXHIBIT A

DISTRICT: North Orange County
COUNTY: Orange

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2006	JUNE PAYMENT	TOTAL PAID THRU JUNE 2006
GENERAL APPORTIONMENT	\$67,592,065	\$60,162,197	\$2,035,793	\$62,197,990
EQUALIZATION	1,148,029	1,056,186	91,843	1,148,029
ENROLL FEE ADMIN (2%)	118,851	109,343	9,508	118,851
APPRENTICE ALLOWANCE	19,979	18,847	1,132	19,979
BASIC SKILLS	0	0	0	0
PARTNERSHIP FOR EXCEL.	1,001,205	921,107	80,098	1,001,205
S.F.A.A.	856,892	788,340	68,552	856,892
E.O.P.S.	2,111,235	1,942,337	168,898	2,111,235
C.A.R.E.	276,254	254,153	22,101	276,254
D.S.P.S.	1,998,022	1,838,181	159,841	1,998,022
STATE HOSPITALS	0	0	0	0
CALWORKS	631,893	550,237	81,656	631,893
MATRICULATION (CREDIT)	1,142,332	1,048,187	94,145	1,142,332
MATRIC. (NONCREDIT)	1,137,173	1,046,200	90,973	1,137,173
FAC. & STAFF DIVERSITY	34,128	28,855	5,273	34,128
PART-TIME FAC. INS.	5,361	0	5,361	5,361
PART-TIME FAC. OFF. HRS	604,093	0	604,093	604,093
PART-TIME FAC. ALLO.	1,561,487	1,436,568	124,919	1,561,487
TELECOMMUNICATIONS	120,299	67,524	52,775	120,299
PLANT & INSTRUCTIONAL	823,913	758,000	65,913	823,913
ECON. DEVELOPMENT	1,346,875	1,131,375	0	1,131,375
<hr/>				
TANF	140,259	129,039	11,220	140,259
VTEA LEADERSHIP	0	0	0	0
VTEA TECH. PREP.	75,250	31,605	31,605	63,210
VTEA TITLE I C	408,994	150,907	192,648	343,555
NURSING CARE	0	0	0	0
PRIOR YEAR CORRECTION	3,541,637	3,541,717	-80	3,541,637
	=====	=====	=====	=====
TOTAL	\$86,696,226	\$77,010,905	\$3,998,267	\$81,009,172

FISCAL SERVICES:06/19/06 08:18

J:\PBF\2005-06\Dir_P2\PaySchedule\P2_Pay_Schedule\Exhibits\EX_A_DIST.DOC

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1998-1999 through 2005-2006
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.
 Findings:

*Workload Multiplier	Source	Totals							
		98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803	cccco
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582	1-3
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221	cccco
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402	
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260	
EFC 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058	
EFC 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806	
EFC 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252	

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

- EFC 1 - Total number of students who enroll in the college
- EFC 2 - Total number of students who paid enrollment fees
- EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)
- EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load
- EFW 6 - Total number of enrollment fee waivers requested
- EFW 7 - Total number of enrollment fee waivers granted
- EFW 8 - Total number of enrollment fee waivers denied

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.
Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	2005	13,057	19,748
Spring	2006	12,400	18,734
Summer	2006	6,232	10,274
Totals 2005-06		31,689	48,756

Not yet available on the CCCO website (took info from Banner)

= 80,445
Total TE

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals
Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
2005-06		25,409	40,371

= 65,780 total TE

#3
6,280 +
8,385 +
14,665 *

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals
Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
2005-06	6,280	8,385

Not yet available on the CCCO website (Banner)

= 14,665 total TE

#4
9 +
155 +
14 +
178 *

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton
Fall 2005	9	12
Spring 2006	155	228
Summer 2006	14	5

178 245 = 423 total TE

#5
12 +
228 +
5 +
245 *

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
Source: Banner

Term	Cypress & Fullerton Combined
Fall 2005	2,299
Spring 2006	1,422
Summer 2006	539

4260 TE

#5
2,299 +
1,422 +
539 +
4,260 *

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
Source: Banner

Academic Year	Cypress	Fullerton
2005-06	10,416	14,485

= 24,901 total TE

#6
10,416 +
14,485 +
24,901 *

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
Source: Banner

Academic Year	Cypress	Fullerton
2005-06	9,709	13,172

22,881

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
2005-06	707	1,313

2,020

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
2005-06	3,858,592	6,691,847

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

**

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

Academic Year	Cypress	Fullerton
2005-06	748,932	1,354,465

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
2005-06	3,862,705	6,696,973

10,559,678

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
2005-06	2,556,060	3,639,428

Not yet available on the CCCO website (took info from Banner)

6,195,498

13. Number of Credit Units for which Enrollment Fees were Waived

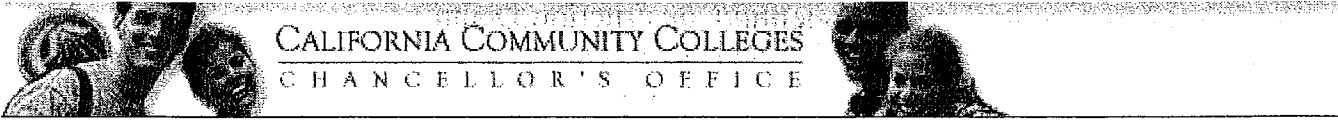
SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year	Cypress	Fullerton
Fall 2004	46,883	65,071
Spring 2005	44,619	63,279
Summer 2005	6,809	11,629

*111,954
107,890
18,420*

*These are 05-06 figures
Do not match 04-05
figures*



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2005-2006**

Data Current As Of November 16, 2006 11:14:05

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	138	53,636
BOGW - Part B based on income standards	2,923	1,107,171
BOGW - Part C based on financial need	2,962	1,416,220

total 6023

Total Amount = \$ 2,577,027

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0* C

0.094. +
 *
 /cyp 0. c
 Fullerton 027.
 179. +
 16. +
 *
 1-17

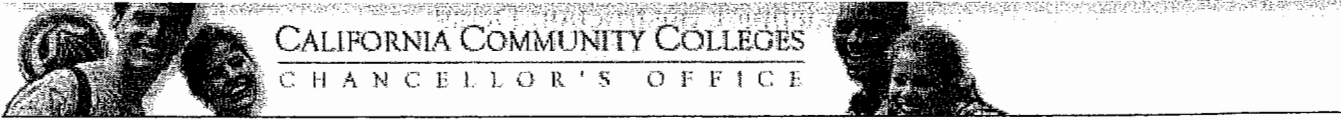
Cypress 2,577,027
 Fullerton 3,670,979

 6,248,006

138* +
 2,923* +
 2,962* +
 6,023* *

P1 6,023
 P2 8,131

 14,154



Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2005-2006

Data Current As Of November 16, 2006 11:14:34

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	122	48,425
BOGW - Part B based on income standards	3,846	1,542,320
BOGW - Part C based on financial need	4,163	2,080,234

total 8,131

Total Amount = \$ 3,670,979

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0 c

122
3,846
4,163
8,131

2

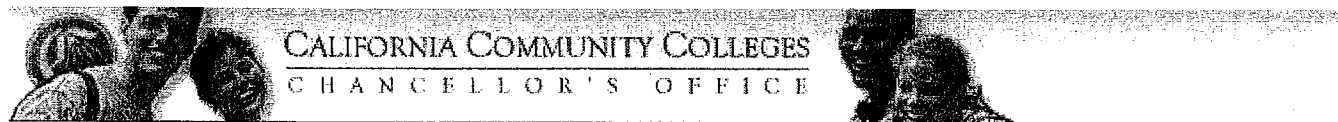
Schedule 6
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2005-2006
Student Headcount Summary

Purpose: To calculate student headcount.

Source: California Community Colleges Chancellor's Office website.

Findings:

College	Term	Headcount
Cypress	Fall	13,057
	Spring	12,400
	Summer	4,946
Fullerton	Fall	19,748
	Spring	18,734
	Summer	8,620
		<u>77,505</u>



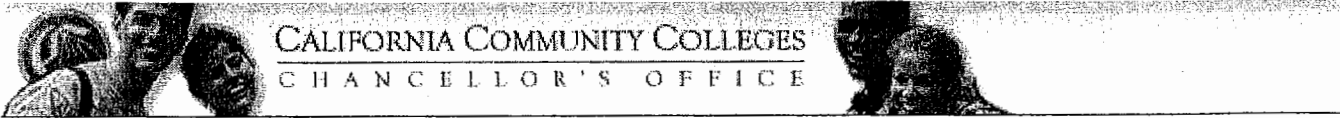
Student Demographics

**Student Total Headcount For Cypress
For 2005 Fall Term**

Data Current As Of November 16, 2006 11:21:06

Total Headcount	13,057
------------------------	--------

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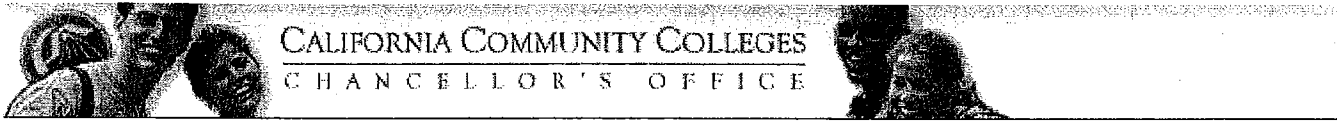
Student Demographics

**Student Total Headcount For Cypress
For 2006 Spring Semester**

Data Current As Of November 16, 2006 11:21:31

Total Headcount	12,400
------------------------	--------

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Student Demographics

**Student Total Headcount For Cypress
For 2005 Summer Term**

Data Current As Of November 16, 2006 11:20:49

Total Headcount	4,946
------------------------	--------------

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Student Demographics

**Student Total Headcount For Fullerton
For 2005 Fall Term**

Data Current As Of November 16, 2006 11:19:19

Total Headcount	19,748
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2006 Spring Semester**

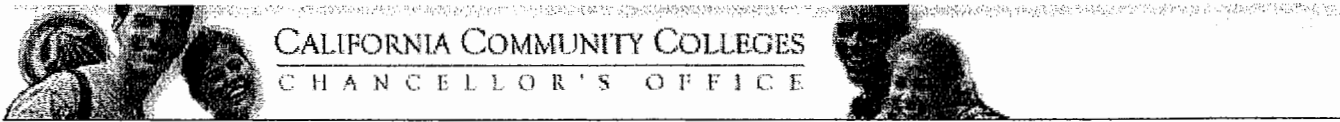
Data Current As Of November 16, 2006 11:20:24

Total Headcount	18,734
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2005 Summer Term**

Data Current As Of November 16, 2006 11:19:04

Total Headcount	8,620
------------------------	-------

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308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton
2005-06	9,709	13,172

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
2005-06	707	1,313

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton
2005-06	3,858,592	6,691,847

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees. **NOTE:** Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded. **

Academic Year	Cypress	Fullerton
2005-06	748,932	1,354,465

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
2005-06	3,862,705	6,696,973

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
2005-06	2,556,060	3,639,428

Not yet available on the CCCO website (took info from Banner)

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

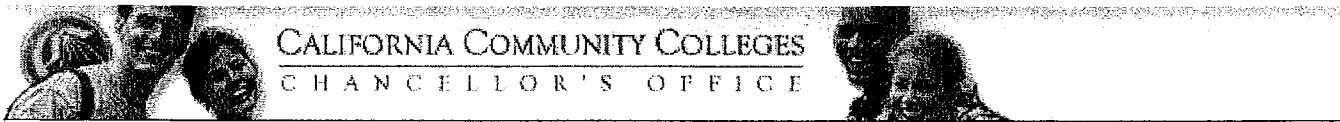
Source: Banner

Academic Year	Cypress	Fullerton
Fall 2004	46,883	65,071
Spring 2005	44,619	63,279
Summer 2005	6,809	11,629

308/95 Enrollment Fee Collection and Waivers**NOCCCD Confidential**

- ** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

- *** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).



Student Financial Aid Awards

**North Orange Adult College
Financial Aid Count and Amount By type
For 2005-2006**

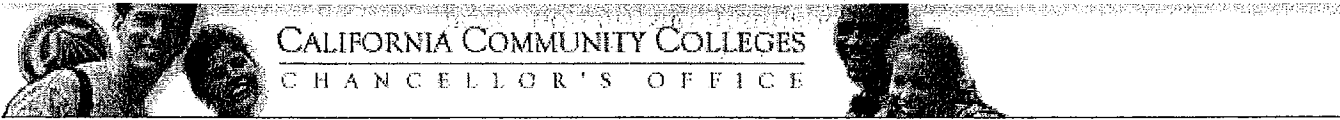
Data Current As Of November 16, 2006 11:21:51

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Financial Aid Type	Headcount	Total Amount
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Student Demographics

**Student Total Headcount For North Orange Adult
For 2005 Summer Quarter**

Data Current As Of November 16, 2006 11:16:17

Total Headcount	12,800
------------------------	--------

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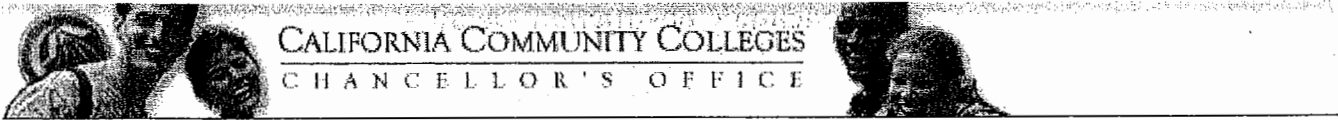
Student Demographics

Student Total Headcount For North Orange Adult For 2005 Fall Quarter

Data Current As Of November 16, 2006 11:16:36

Total Headcount	26,179
------------------------	--------

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Student Demographics

**Student Total Headcount For North Orange Adult
For 2006 Winter Quarter**

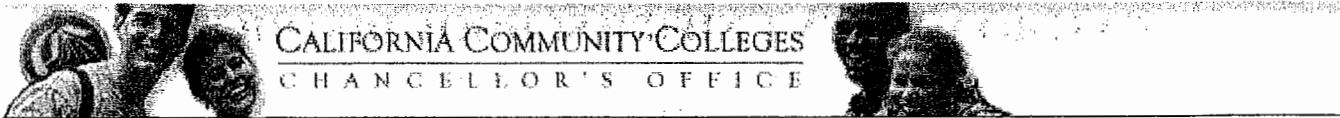
Data Current As Of November 16, 2006 11:16:51

Total Headcount	22,540
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Student Demographics

**Student Total Headcount For North Orange Adult
For 2006 Spring Quarter**

Data Current As Of November 16, 2006 11:17:15

Total Headcount	22,131
------------------------	---------------

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Schedule 5
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 1999-00 through 2005-06
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.8-4 and attachments from district office.
 Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05	05-06
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786	CCCCO
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156	\$ -
This data is for comparison with CCCCCO 2% calculation directly below.								
1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607	
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192	\$ -
(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 05-06 - unit fee					
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382	
	Fall Spring			98,476	95,586	96,382	110,925	
	Winter/Intersession							
	Spring Summer			15,952	13,488	17,086	18,034	
	Total # of credits		288,818	204,603	207,735	208,683	239,341	0
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)	\$	\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	\$ -
Summary								
1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192	
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717						
1.8-4 5	Credit Units Waived	\$	\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992	\$ -

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 05-06 and the missing rates for 04-05.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Fiscal Years:

Name	Title	04-05	05-06
	AVERAGE ACCOUNTING TECH		\$ 31.14
	AVERAGE ADMINISTRATIVE ASSISTANT		\$ 37.85
	AVERAGE COUNSELOR		\$ 89.22
	AVERAGE DIVISION DEAN		\$ 90.73
	AVERAGE DIRECTOR		\$ 74.26
	AVERAGE INSTRUCTOR		\$ 65.91
	AVERAGE MANAGER		\$ 56.65
	AVERAGE OFFICE MANAGER		
ADAMS, JESSICA	CC-CLERICAL ASSISTANT I- term 3/16/06	\$ 14.30	\$ 26.17
AGUIRRE, MARIA	FINANCIAL TECH		\$ 28.55
ALCARAZ, JOSE	FC-FINANCIAL AID TECHNICIAN	\$ 31.35	\$ 37.46
ALIBRANDI, LUCINDA	INSTRUCTOR	\$ 61.24	\$ 69.28
ALLEN-COURTNEY, AKILAH	CC-A&R RECORDS EVALULATOR SPECIALIST	\$ 35.32	\$ 42.20
ALMARAZ, ARTURO	CC-A&R CLERICAL ASSISTANT-40%	\$ 14.96	\$ 25.07
ALTON, MEG	CC-A&R TECHNICIAN	\$ 12.99	\$ 27.43
AURE, R. ALLEN	FC-A&R TECHNICIAN		\$ 32.64
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE	\$ 62.17	\$ 63.35

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		04-05	05-06
BARROW, LINDA	HR SPECIALIST	\$ 47.46	\$ 50.46
BASSLER, JENNIFER	FC-A&R HOURLY STAFF SUPPORT	\$ 9.00	\$ 10.71
BEARD, CLAUDIA	FC-BURSAR'S OFFICE-ACCOUNT CLERK II	\$ 30.31	\$ 34.66
BEELE, RON	DIST. DIRECTOR-FACILITIES	\$ 75.42	\$ 81.80
BEERS, SUSAN	DIVISION DEAN	\$ 77.49	\$ 85.40
BENNETT, BARBARA	INSTRUCTOR	\$ 51.53	\$ 53.84
BETTENDORF, PAM	ADMINISTRATIVE ASSISTANT	\$ 42.55	\$ 41.78
BLACKLEY, TERRY	DIVISION DEAN-TERM	\$ 71.19	
BOYD-DAILEY, NANCY	HR SPECIALIST	\$ 41.04	\$ 44.63
BRANDES, RAEANE	ACCOUNTING SPECIALIST	\$ 43.23	\$ 44.65
BRAULT, LORI	DIRECTOR, HEALTH SERVICES	\$ 57.87	\$ 66.95
BROWN, KALETA	DIVISION DEAN	\$ 63.54	\$ 79.82
BURCHFIELD, JERRY	INSTRUCTOR	\$ 56.30	\$ 64.07
BURNS, KRIS	REGISTRAR		\$ 54.43
BURNS, MICHAEL	DIVISION DEAN RETIRED	\$ 75.88	\$ 155.47
BUSTOS, RAYMOND	FC-FINANCIAL AID TECHNICIAN	\$ 35.36	\$ 41.74
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	\$ 79.81	\$ 84.40
CALDERON, TENEZA, ROSELLE	CC-FINANCIAL AID TECHNICIAN	\$ 28.27	\$ 36.20
CANT, KAREN	DIRECTOR BUDGET/FINANCE	\$ 74.53	\$ 85.17
CARO, BARBARA	FC-A&R TECHNICIAN	\$ 35.50	\$ 40.56
CARRITHERS, JOE	INSTRUCTOR	\$ 52.60	\$ 64.51
CARTER, PATRICIA	CC-BURSAR'S OFFICE ACCOUNT-TECHNICIAN	\$ 27.66	\$ 34.33

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Fiscal Years:

Name	Title	04-05	05-06
CHAMBERS, TERRY	BENEFITS SPEC	\$ 35.71	\$ 36.09
CLARK, ANTIONESE	C-A&R SPECIALIST	\$ 21.02	\$ 31.07
CLIFFORD, SUSAN	DEAN ACADEMIC SERVICES-TERM	\$ 71.52	
COBB, KEITH	CC-DIRECTOR FINANCIAL AID	\$ 36.81	\$ 56.16
COTTER, SANDRA	EXECUTIVE ASSISTANT	\$ 49.84	\$ 51.79
COURCHAIINE, JEFFERY	INSTRUCTOR/INTERM DEAN	\$ 52.11	\$ 86.43
CRAIG, DALE	INSTRUCTOR	\$ 52.48	\$ 67.22
CRUZ, CARRIE	FC-CLERICAL ASSISTANT	\$ 23.01	\$ 28.62
DAIN, CLAUDETTE	DIRECTOR, FISCAL SERVICES		\$ 71.81
DAXON, REGINA (FORMLY HITCHCOCK)	INSTRUCTIONAL ASSISTANT, COMPUTER LAB		\$ 36.68
DEAN, BRIAN	CC-A&R TECHNICIAN	\$ 17.86	\$ 27.74
DeMARKEY, NINA	DIVISION DEAN	\$ 55.48	\$ 70.51
DIESENBRUCH, ROSEMARY	ACCOUNT TECH		\$ 30.75
DILLON, ANDREW	FC-A&R HOURLY STAFF SUPPORT	\$ 7.75	\$ 8.60
DO, DAO	OFFICE COORDINATOR		\$ 35.61
DONLEY, STEVEN	DIVISION DEAN	\$ 76.97	\$ 88.73
DONOVAN, LEXI	MANAGER CAMPUS ACCOUNTING-TERM 9/30/05	\$ 58.03	\$ 62.94
DOOLY, GEORGE	COUNSELOR	\$ 63.80	\$ 70.66
DUNCAN, STEVE	DIST DIR HR	\$ 80.25	\$ 87.09
EALY, SARA	FC-A&R HOURLY OFFICE CLERK	\$ 7.75	\$ 9.34
EDWARDS, ARNETTE	CC-FINANCIAL AID TECHNICIAN	\$ 31.43	\$ 36.82
EISENHUT, LINDA	DIST MGR BENEFITS	\$ 50.62	\$ 27.88

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		04-05	05-06
FELIX, ANA	FC-A&R SPECIALIST	\$ 38.71	\$ 48.96
FILIPPI, GEOVANI	CC-A&R HOURLY CLERICAL ASSISTANT	\$ 8.25	\$ 10.22
FISHMAN, DARLENE	DIRECTOR NURSING	\$ 64.07	\$ 74.61
FITZGERALD, COLLEEN	FC-A&R HOURLY TECHNICIAN	\$ 9.00	\$ 12.57
FLEEMAN, RODNEY	VC FINANCE/FACILITIES-TERM	\$ 91.36	
FLORES-CHURCH, ADRIANNA	ADMIN SUPP MGR HR-TERM 2/21/06	\$ 43.56	\$ 51.46
FONG, PETER	DEAN, ADMISSIONS/RECORDS		\$ 84.01
FORD, REGINA	CC-A&R REGISTRAR	\$ 41.80	\$ 54.88
FOSTER, PATRICIA	FC-A&R OFFICE COORDINATOR	\$ 47.84	\$ 52.84
FRANKS, JOE	INSTRUCTOR	\$ 55.94	\$ 62.26
FUNAOKA, LISA	FC-A&R TECHNICIAN	\$ 21.88	\$ 29.96
GABEL, ANN-MARIE	HOURLY PFE	\$ 64.09	\$ 38.71
GILES, ERNICE	CC-A&R EVALUATOR	\$ 22.54	\$ 29.78
GISKA, MARY LOU	CC DIRECTORY HEALTH SERVICES	\$ 48.03	\$ 57.67
GOMBER, LISA	ADMINISTRATIVE ASSISTANT	\$ 44.24	\$ 44.69
GREIN, CYNDI	MANAGER, CAMPUS ACCOUNTING		\$ 47.08
GUYTON, JEAN	MANAGER APPLICATION SUPPORT-TERM	\$ 76.41	
GUZMAN, ELIZABETH	FC-A&R TECHNICIAN	\$ 28.18	\$ 34.54
HA, JACKIE	CC-FINANCIAL AID TECHNICIAN	\$ 36.05	\$ 42.07
HANNON, ANDREA	DIV DEAN HEALTH SERVICES	\$ 75.88	\$ 83.80
HARTER, RENIE	CC-BURSAR'S OFFICE-MANAGER, CAMPUS ACCTING	\$ 56.90	\$ 67.46
HATCHETT, DONNA	DISTRICT DIRECTOR PUBLIC AFFAIRS-TERM	\$ 80.88	

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		04-05	05-06
HEBSON, CHRIS	IT SPEC., SYSTEMS ANALYST	\$ 53.54	\$ 55.54
HENDERSON, WILFORD	SAFETY SPECIALIST-TERM	\$ 47.21	
HENRY, DIANE	DIVISION DEAN	\$ 75.88	\$ 84.70
HENRY, KEVIN	CC-BURSAR'S OFFICE-CASHIER/REGISTRATION-HRLY	\$ 7.50	\$ 8.57
HERRERA, EDGAR ALEX	INSTRUCTOR	\$ 49.37	\$ 60.02
HITCHCOCK, REGINA (SEE DAXON)	INSTRUCTIONAL ASSISTANT, COMPUTER LAB	\$ 33.57	\$ 36.86
HORSLEY, JEFF	VICE CHANCELLOR HR	\$ 104.35	\$ 122.16
HUNTER, JEROME	CHANCELLOR	\$ 122.34	\$ 145.81
JAY, PAULA	ADMIN ASSISTANT	\$ 39.70	\$ 24.10
KANAAN, JIHAD (JAY)	CC-BURSAR'S OFFICE-ACCOUNT TECHNICIAN	\$ 32.50	38.12
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	\$ 84.84	\$ 96.92
LAM, TINA	FC-FINANCIAL AID TECHNICIAN	\$ 24.40	\$ 32.03
LARSON, NANCY	FC-FINANCIAL AID OFFICE COORDINATOR	\$ 41.62	\$ 47.44
LATIEF, LINA	ACCOUNTING SPEC-TERM	\$ 40.89	
LEDEZMA, STEPHEN	FC-A&R HOURLY	\$ 9.00	\$ 10.68
LEE, PAT	DIST MGR PAYROLL	\$ 56.84	\$ 60.27
LEOPOLD, MAUREEN	CC-BURSAR'S OFFICE ACCOUNTING SPECIALIST	\$ 38.95	45.06
LEWIS, MARGORIE	PRESIDENT- CYPRESS COLLEGE	\$ 106.83	\$ 125.71
LEYSON, ELIZABETH	INTERIM EXEC VP	\$ 82.82	\$ 68.01
LUSCH, ROD	SKILLED MAINTAINANCE MECH	\$ 44.95	\$ 46.05
LUVIANO, ELIZABETH	FC-A&R HOURLY OFFICE CLERK	\$ 7.75	\$ 8.55
MAERTENS, TINA	CC-A&R-CLERICAL ASSISTANT I	\$ 13.49	20.6

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Fiscal Years:

Name	Title	Fiscal Years:	
		04-05	05-06
MAHONEY, LESLIE	FC-BURSAR'S OFFICE-ACCOUNT CLERK II	\$ 27.04	34.65
MARTINEZ, MONICA	FC-A&R HOURLY TRANSCRIPT CLERK	\$ 8.25	\$ 9.39
McALPIN, KENNETH	MGR/ MAINTENANCE & OPS	\$ 44.49	\$ 49.60
McCLOUD, EDWARD	INSTRUCTOR	\$ 54.85	\$ 69.04
McGUIRE, GARY	PROVOST	\$ 101.50	\$ 119.10
MEINERT, SARAH	CC-BURSAR'S OFFICE		25.88
MELELLA, LAURA	INSTRUCTOR	\$ 53.85	\$ 63.41
MENCHACA, JESUS	FC-A&R HOURLY CLERK		\$ 7.94
MILLER, JOHN	FC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAN	\$ 28.69	34.33
MIRANDA, ALBERT	DIRECTOR, PHYSICAL PLANT/ FACILITIES	\$ 69.45	\$ 83.81
MIRANDA, BOB	DIRECTOR FINANCIAL AID	\$ 65.35	\$ 71.50
MIRANDA, MIGUEL	FACILITIES COORDINATOR		\$ 26.65
MONTANO, DIANE	MANAGER, CHILD CARECENTER	\$ 48.19	\$ 51.88
MONTENEGRO, CHRISTY	CC-A&R TECHNICIAN	\$ 25.47	31.14
MOORE, MIKE	INSTRUCTOR	\$ 59.33	\$ 65.79
MOORE, SALLY	INSTRUCTOR	\$ 57.14	\$ 64.75
MORALES, LISA	CC-BURSAR'S OFFICE-ACCOUNT TECHNICIAN	\$ 30.80	36.92
MORGAN, ROBERT			\$ 20.95
MOSLEY, AMELIA	CC-A&R CLERICAL ASSISTANT	\$ 13.49	29.85
NADELL, ROBERT	DEAN COUNSELING/STUDENT DEV-TERM	\$ 75.75	

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Fiscal Years:

Name	Title	04-05	05-06
NEGRETE, RENA	FC-A&R TECHNICIAN	\$ 27.13	\$ 32.76
NELSON, JANICE	BUS OFFICE SPEC	\$ 42.24	\$ 44.24
NERI, AURIA	CC-A&R HOURLY STUDENT		8.46
NGUYEN, DUSTIN TUAN	CC-A&R SPECIALIST	\$ 32.28	37.85
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHNL	\$ 75.29	\$ 78.63
NOVISOFF, ANNA	ADMIN ASSISTANT	\$ 43.19	\$ 45.11
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	\$ 79.51	\$ 87.21
OROPEZA, ELAINE	FC-FINANCIAL AID TECHNICIAN	\$ 33.13	\$ 43.71
PALMER, SANDRA	EXEC ASSISTANT	\$ 46.67	\$ 48.51
PARISI, TOM	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 76.75	\$ 84.72
PATAKAS, JOHN (BRADSHAW)	FC-A&R TECHNICIAN		\$ 27.09
PEREZ, JENNIFER	PUBLIC INFO OFFICER	\$ 40.70	\$ 50.43
PEREZ, RICK	DEAN, COUNSELING/STUDENT DEVELOPMENT	\$ 74.79	\$ 87.29
PFEIFFER, JODY	ADMINISTRATIVE ASSISTANT-RESIGNED 5/3/06	\$ 18.49	\$ 18.33
PHILLIPS, JIM	INSTRUCTOR	\$ 60.82	\$ 63.88
PORTOLAN, JANET	VP, EDUCATION SUPPORT & PLANNING	\$ 78.84	\$ 84.40
POSNER, MARC	PUBLIC INFORMATION OFFICER	\$ 43.59	\$ 52.59
QUAN, LINH	FC-BURSAR'S OFFICE-ACCOUNTING SPECIALIST	\$ 27.31	\$ 36.30

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		04-05	05-06
RAMIREZ, JORGE	DEAN STUDENT SUPPORT SERVICES-RESIGNED 7/27/06	\$ 67.48	\$ 169.20
RAMIREZ, RICHARD	INTERIM VP STUDENT SERVICES	\$ 78.85	\$ 87.78
RAMOS, AMANDA	CC-A&R CLERICAL ASSISTANT	\$ 13.49	25.08
RAUBOLT, JACK	DISTRICT DIRECTOR INFO SERVICES-RETIRED 8/1/05	\$ 81.73	\$ 159.43
REHA, DELORES	INSTRUCTOR	\$ 57.88	\$ 61.14
REYES, ELIZABETH	CC-A&R HOURLY STUDENT		8.49
REZA, ALAN	CC-FINANCIAL AID TECHNICIAN	\$ 25.83	\$ 32.27
RODGERS, CAROLANNE	INSTRUCTOR	\$ 66.23	\$ 68.27
RODRIGUEZ, DAISY	CC-BURSAR'S OFFICE-HOURLY REGISTRATION	\$ 11.25	\$ 13.68
SALCEDO, DANIEL	FC-CLERICAL ASSISTANT I	\$ 23.08	\$ 29.24
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT	\$ 48.75	\$ 53.07
SANDOVAL, REBECA	CC-FINANCIAL AID TECHNICIAN	\$ 31.52	\$ 42.20
SCHULZ, GREG	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 60.29	\$ 67.45
SCHWIEBERT, LAURIE	FC-ADMINISTRATIVE ASSISTANT I	\$ 26.89	\$ 33.01
SEFRIED, DAN			\$ 23.88
SHRACK, AMY	FC-A&R ADMINISTRATIVE ASSISTANT II	\$ 28.51	\$ 35.81
SIMPSON, BOB	DIVISION DEAN	\$ 77.49	\$ 85.40
SMEAD, RICHARD	INSTRUCTOR	\$ 49.74	\$ 59.16

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		04-05	05-06
SMITH, AUDREY	FC-A&R SPECIALIST	\$ 32.35	\$ 39.88
SMITH, FRANK	DIRECTOR ACAD. COMP TECHNL	\$ 64.64	\$ 71.46
SMITH, SHIRLEY	DIRECTOR, CAMPUS PUBLIC SAFETY	\$ 44.49	\$ 48.57
SOSOATU, CAROLYN	FC-A&R HOURLY OFFICE CLERK	\$ 7.75	\$ 8.59
SOTO, ABEL	FC- A&R TECHNICIAN	\$ 41.57	\$ 22.58
SPARGO, DEBORAH	ACCOUNT TECH		\$ 31.52
SPENCER, NORA	INSTRUCTOR	\$ 47.48	\$ 58.13
ST JOHN, PAUL	INSTRUCTOR	\$ 52.44	\$ 65.87
TAYLOR, CHRIS	IT SPEC SYS APPLICATION	\$ 51.88	\$ 51.86
TAYLOR, TONIESHA	CC-A&R EVALUATOR		28.43
TERRY, CHRISTINE	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 74.43	\$ 82.12
TESAR, DAN	DIVISION DEAN	\$ 75.34	\$ 82.57
THOMAS, CONNIE	EXEC ASSISTANT	\$ 51.48	\$ 55.17
TRAN, KIMBERLY	CC-FINANCIAL AID TECHNICIAN	\$ 25.33	\$ 34.74
TRUONG, DUONG	CC-A&R CLERICAL ASSISTANT	\$ 13.49	25.01
TRUONG, PHUC	CC-A&R HOURLY STUDENT		8.46
TUSHLA, NICOL	FC-A&R EVALUATOR	\$ 31.01	\$ 38.37
TYRRELL, DONALD	COUNSELOR-TERM	\$ 64.85	

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Fiscal Years:

Name	Title	04-05	05-06
VILLEGAS, FATIMA	FC-CLERICAL HOURLY ASSISTANT	\$ 13.50	\$ 20.01
VYAS, KASHU	ACCOUNTING SPECIALIST		\$ 28.55
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	\$ 60.74	\$ 64.28
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	\$ 75.95	\$ 78.58
WASSENAAR, DAVE	DIVISION DEAN, A&R	\$ 76.79	\$ 83.94
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	\$ 71.74	\$ 72.74
WICKS, LORRAINE	MANAGER, SCE SENIORS PROGRAM	\$ 63.42	\$ 67.75
WILLIAMS, FRED	VICE CHANCELLOR, FISCAL SERVICES	\$ 95.39	\$ 111.02
WILSON, MARCUS	INSTRUCTOR	\$ 57.05	\$ 70.72
ZANDY, BEN	INSTRUCTOR	\$ 58.55	\$ 80.45

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 25, 2008

Claim File Copy

CERTIFIED MAIL # 7006 3450 0000 3941 8703

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC30105

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2006-2007
308/95	Enrollment Fee Collection and Waivers	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



For Keith B. Petersen, President

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed <u> </u> / <u> </u> / <u> </u>	
	(21) LRS Input <u> </u> / <u> </u> / <u> </u>	

(01) Claimant Identification Number: CC30105			Reimbursement Claim Data	
L A B E L H E R E	(02) Claimant Name North Orange County Community College District	(22) EFCW-1, (04)(A)(1)(a)(f)		72
	County of Location Orange	(23) EFCW-1, (04)(A)(1)(b)(f)		4,313
	Street Address or P.O. Box 1830 West Romneya Drive	(24) EFCW-1, (04)(A)(2)(a)(f)		938,842
	City State Zip Code Anaheim CA 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)		
	Type of Claim Estimated Claim Reimbursement Claim	(26) EFCW-1, (04)(B)(1)(b)(f)		389
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)	279,745
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f)	3,497
	Fiscal Year of cost (06) 2007-2008	(12) 2006-2007	(30) EFCW-1, (06)	30
	Total Claimed Amount (07) \$ 1,289,000	(13) \$ 1,171,883	(31) EFCW-1, (07)	361,923
	Less: 10% Late Penalty, not to exceed \$10,000	(14) \$ -	(32) EFCW-1, (09)	133,267
	Less: Prior Claim Payment Received	(15) \$ -	(33) EFCW-1, (10)	283,631
	) Claimed Amount	(16) \$ 1,171,883	(34)	
	Due from State (08) \$ 1,289,000	(17) \$ 1,171,883	(35)	
	Due to State	(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)	Date
	1/24/08
Claudette Dain	District Director, Fiscal Affairs
Type or Print Name	Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

Ten and Associates

CLAIM FOR PAYMENT
 Pursuant to Government Code Section 17561
ENROLLMENT FEE COLLECTION AND WAIVERS

For State Controller Use Only

(19) Program Number 00267
 (20) Date Filed ___/___/___
 (21) LRS Input ___/___/___

Program
267

(01) Claimant Identification Number: **CC30105**

(02) Claimant Name: **North Orange County Community College District**

County of Location: **Orange**

Street Address or P.O. Box: **1830 West Romneya Drive**

City: **Anaheim** State: **CA** Zip Code: **92801-1819**

Reimbursement Claim Data	
(22) EFCW-1, (04)(A)(1)(a)(f)	72
(23) EFCW-1, (04)(A)(1)(b)(f)	4,313
(24) EFCW-1, (04)(A)(2)(a)(f)	938,842
(25) EFCW-1, (04)(B)(1)(a)(f)	
(26) EFCW-1, (04)(B)(1)(b)(f)	389
(27) EFCW-1, (04)(B)(2)(a)(f)	
(28) EFCW-1, (04)(B)(2)(b)(f)	279,745
(29) EFCW-1, (04)(B)(2)(c)(f)	3,497
(30) EFCW-1, (06)	30
(31) EFCW-1, (07)	361,923
(32) EFCW-1, (09)	133,267
(33) EFCW-1, (10)	283,631
(34)	
(35)	
(36)	

Type of Claim	Estimated Claim	Reimbursement Claim
(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	
Fiscal Year of cost	(06) 2007-2008	(12) 2006-2007
Total Claimed Amount	(07) \$ 1,289,000	(13) \$ 1,171,883
Less: 10% Late Penalty, not to exceed \$10,000	(14) \$ -	(14) \$ -
Less: Prior Claim Payment Received	(15) \$ -	(15) \$ -
Claimed Amount	(16) \$ 1,289,000	(16) \$ 1,171,883
Due from State	(08) \$ 1,289,000	(17) \$ 1,171,883
Due to State		(18)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)

Date

Claudette Dain

1/24/08

Claudette Dain

District Director, Fiscal Affairs

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

Ten and Associates

E-mail Address: kbpsixten@aol.com

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)

a. Preparing district policies & procedures for § IV.A.	\$ 71.89	\$ -	\$ -	\$ -	\$ -	\$ 71.89
b. Staff training (One time per employee)	\$ 4,313.40	\$ -	\$ -	\$ -	\$ -	\$ 4,313.40

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)

a. Calculating and collecting enrollment fees	\$ 938,841.50	\$ -	\$ -	\$ -	\$ -	\$ 938,841.50
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B Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)

a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 388.56	\$ -	\$ -	\$ -	\$ -	\$ 388.56

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)

a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 279,745.12	\$ -	\$ -	\$ -	\$ -	\$ 279,745.12
c. Reporting BOG fee waiver data to CCC	\$ 3,497.04	\$ -	\$ -	\$ -	\$ -	\$ 3,497.04

(05) Total Direct Costs	\$ 1,226,857.51	\$ -	\$ -	\$ -	\$ -	\$ 1,226,857.51
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Indirect Costs

(06) Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%]	29.50%
(07) Total Indirect Costs	[Line (06) x line (05)(a)]	\$ 361,922.97
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	\$ 1,588,780.48

Cost Reduction

(09) Less: Enrollment Fee Revenue offset		\$ 133,267.00
(10) Enrollment Fee Waiver offsets		\$ 283,630.72
(11) Total Claimed Amount	[Line (08) - (Line (09) + Line (10))]	\$ 1,171,882.76

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant)th Orange County Community College District	(02) Fiscal Year 2006-2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$71.89	1.0	\$ 71.89				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 71.89	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2006-2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$71.89	60.0	\$ 4,313.40				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 4,313.40	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2006-2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	Object Accounts					
			(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training	
Referencing student accounts and records Enrollment Office Staff Various	\$32.72	8,870.3	\$ 290,236.22					
Calculating total enrollment fee to be collected Enrollment Office Staff Various	\$32.72	5,686.6	\$ 186,065.55					
Answering student's questions regarding enrollment fee collection Enrollment Office Staff Various	\$32.72	7,068.5	\$ 231,281.32					
Maintaining written and computer records for enrollment fee information Enrollment Office Staff Various	\$32.72	6,652.7	\$ 217,676.34					
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Enrollment Office Staff Various	\$32.72	59.9	\$ 1,959.93					
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Enrollment Office Staff Various	\$32.72	355.2	\$ 11,622.14					

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 938,841.50	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2006-2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Financial Aid Office Coordinator	\$48.57	8.0	\$ 388.56				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 388.56	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant th Orange County Community College District	(02) Fiscal Year 2006-2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Financial Aid Office Staff Various	\$31.93	1,717.0	\$ 54,823.81				
Receiving waiver applications Financial Aid Office Staff Various	\$31.93	2,222.0	\$ 70,948.46				
Evaluating waiver applications and verifying application documents Financial Aid Office Staff Various	\$31.93	1,919.0	\$ 61,273.67				
Providing students of additional documentation requirements and how to obtain information Financial Aid Office Staff Various	\$31.93	172.3	\$ 5,501.54				
Entering approved application information into district records; providing student award letter Financial Aid Office Staff Various	\$31.93	2,520.3	\$ 80,473.18				
In case of denied applications, reviewing and evaluating information if denial is appealed by student Financial Aid Office Staff Various	\$31.93	210.6	\$ 6,724.46				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 279,745.12	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2006-2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Financial Aid Office Coordinator	\$48.57	72.0	\$ 3,497.04				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 3,497.04	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
308/95 ENROLLMENT COLLECTIONS/WAIVERS

2007
Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
06-07	8,870.30	Enrollment Office Staff	Various	\$32.72	\$290,236.22	Referencing student accounts and records	Calculating and collecting enrollment fees
06-07	5,686.60	Enrollment Office Staff	Various	\$32.72	\$186,065.55	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
06-07	7,068.50	Enrollment Office Staff	Various	\$32.72	\$231,281.32	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
06-07	6,652.70	Enrollment Office Staff	Various	\$32.72	\$217,676.34	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
06-07	59.90	Enrollment Office Staff	Various	\$32.72	\$1,959.93	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
06-07	355.20	Enrollment Office Staff	Various	\$32.72	\$11,622.14	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	28,693.20	Enrollment Office Staff Total			\$938,841.50		
06-07	1,717.00	Financial Aid Office Staff	Various	\$31.93	\$54,823.81	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
06-07	2,222.00	Financial Aid Office Staff	Various	\$31.93	\$70,948.46	Receiving waiver applications	Waiving student fees
06-07	1,919.00	Financial Aid Office Staff	Various	\$31.93	\$61,273.67	Evaluating waiver applications and verifying application documents	Waiving student fees
06-07	172.30	Financial Aid Office Staff	Various	\$31.93	\$5,501.54	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
06-07	2,520.30	Financial Aid Office Staff	Various	\$31.93	\$80,473.18	Entering approved application information into district records; providing student award letter	Waiving student fees
06-07	210.60	Financial Aid Office Staff	Various	\$31.93	\$6,724.46	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	8,761.20	Financial Aid Office Staff Total			\$279,745.12		
06-07	1.00	Harter, Renie	Bursar	\$71.89	\$71.89	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
06-07	60.00	Harter, Renie	Bursar	\$71.89	\$4,313.40	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	61.00	Harter, Renie Total			\$4,385.29		
06-07	8.00	Larson, Nancy	Financial Aid Office Coordinator	\$48.57	\$388.56	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
06-07	72.00	Larson, Nancy	Financial Aid Office Coordinator	\$48.57	\$3,497.04	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$3,885.60		
	37,595.40	Grand Total			\$1,226,857.51		

EIN #:

DATE: June 27, 2006

INSTITUTION:
North Orange County Community College District
1830 W. Romeya Drive

FILING REF.: The preceding
Agreement was dated
August 8, 2002

Anaheim

CA 92801

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/06	06/30/10	29.5	On-Campus	All Programs
PROV.	07/01/10	06/30/11	29.5	On-Campus	All Programs

*BASE:

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

RECEIVED
JAN 28 2009

BY:.....

RECEIVED

DEC 19 2007

NOCCCD
ACCOUNTS PAYABLE

EFCW 1.6B

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

RECEIVED
DEC 28 2007

District: North Orange County CCD

Remie Harter
Employee Name

Bursar
Exact Position Title

BY: _____

Cypress
College/Department/Location

714-484-7314
Telephone #

12mo/11mo/hrly
Work year length

Typical Reimbursable Activities: FISCAL YEARS- Report time in hours
05-06 06-07 07-08

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

A. Enrollment Collection Process: _____ 1 _____

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: _____ 60 _____

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: _____ 61 _____

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 Remie Harter

Date 12-18-07

If you have any questions, please contact Kashu Vyas, at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

RECEIVED
DEC 28 2007

District: North Orange County CSD

BY: _____

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton / FAD
College/Department/Location

714-992-7057
Telephone #

12mo/11mo/10mo/hrly
Work year length

Typical Reimbursable Activities:

FISCAL YEARS- Report time in hours
05-06 06-07 07-08

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: _____ 8 _____

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.

_____ 72 _____

TOTALS:

_____ 80 _____

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 [Signature]

Date 12-17-07

If you have any questions, please contact Kashu Vyas, at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 4.
 Findings:

*EFC 1	83,159
Avg. time p/account	6.4
Total Time (in minutes)	<u>532217.6</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>8870.3</u>
*EFC 2	68,239
Avg. time p/student	5
Total Time (in minutes)	<u>341195</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>5686.6</u>
*EFC 1	83,159
Avg. time p/question	5.1
Total Time (in minutes)	<u>424110.9</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>7068.5</u>
*EFC 1	83,159
Avg. time p/file	4.8
Total Time (in minutes)	<u>399163.2</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>6652.7</u>
*EFC 4	589
Avg. time p/account	6.1
Total Time (in minutes)	<u>3592.9</u>
Per Hour	60
Hours Worked (** Activity 15)	<u>59.9</u>
*EFC 5	4843
Avg. time p/student	4.4
Total Time (in minutes)	<u>21309.2</u>
Per Hour	60
Hours Worked (** Activity 16)	<u>355.2</u>

Conclusion: Findings will go forward to the EFCW-2.

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2006-2007
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	30,300
Avg. time p/question	3.4
Total Time (in minutes)	<u>103020</u>
Per Hour	60
Hours Worked (** Activity 21)	1717.0
*EFW 6	30,300
Avg. time p/application	4.4
Total Time (in minutes)	<u>133320</u>
Per Hour	60
Hours Worked (** Activity 22)	2222.0
*EFW 6	30,300
Avg. time p/evaluation	3.8
Total Time (in minutes)	<u>115140</u>
Per Hour	60
Hours Worked (** Activity 23)	1919.0
*EFW 8	2,297
Avg. time p/application	4.5
Total Time (in minutes)	<u>10337</u>
Per Hour	60
Hours Worked (** Activity 24)	172.3
*EFW 7	28,003
Avg. time p/application	5.4
Total Time (in minutes)	<u>151216</u>
Per Hour	60
Hours Worked (** Activity 25)	2520.3
*EFW 8	2,297
Avg. time p/application	5.5
Total Time (in minutes)	<u>12634</u>
Per Hour	60
Hours Worked (** Activity 26)	210.6

Conclusion: Findings will go forward to the EFCW-2.

***EFW Workload Multiplier (Default)**

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.

22 - Receive 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.

23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.

24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.

25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.

26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.
 Source: EFCW 1.7-2 and Schedule 2A.
 Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Abadzhyan, Susanna	Technician	8		8			
Adakai, Ericka	Administrative Assistant	5		3			
Aguirre, Maria	Technician	8		8			
Alcaraz, Jose	Technician	8		8			
Aldrete, Guadalupe	Admissions & Records Technician	5	5	5	5		
Allen, Akilah	Admissions & Records Technician	20	10	10	20		
Almaraz, Arturo	Clerical Assistant	10	10	15	5		
Alton, Meg	Admissions & Records Technician	3	3	5	3		
Asam, John	Hourly Support Staff	3	4	3	3	3	
Aure, Allan	Technician	3	3	3	2	5	2
Bassier, Jennifer	Hourly Support Staff	4	3	3	4		
Beard, Claudia	Account Clerk	5	7	6			5
Becerril, Shelly	Hourly Registration	5	2	3	2	3	1
Bradshaw, John	Technician	4	3	5	3	4	
Calderon-Tenza, Roselle	Financial Aid Technician	5		10	5		5
Chang, Ly	Evaluator	10	10	5	10		
Clark, Antionese	Admissions & Records Specialist	7	7	7	7		
Cobb, Keith	Director, Financial Aid	8	7	7	10	7	5
Coria, Yessenia	Hourly Support Staff	1	2	1	2	2	
Cruz, Carrie	Clerical Assistant	8		8			
Cupino, Jeff	Hourly Support Staff	1	2	3	1	2	2
Davis, Christy A.	Admissions & Records Technician	10	7	4	4		
Dean, Brian	Admissions & Records Technician	10	5	10	5		
Dillon, Andrew	Hourly Support Staff	1	2	3	2	1	2
Do, Field	Evaluator	4	3	3	2	2	
Edwards, Arnette	Financial Aid Technician	10		5	5		5
Felix, Ana	Admissions & Records Specialist	5	5	5	4	5	5
Filippi, Giovanni	Clerical Assistant	1.5	2	7.5	3.5		
Fisher, Sandra	Hourly Registration	5	8	10	8	10	5
Ford, Regina	Registrar	5	5	10	2		
Funakoka, Lisa	Admissions & Records Technician	3	3	3	3	4	2
Guzman, Elizabeth A.	Admissions & Records Technician	5	5	5	5	5	5
Ha, Jackie	Financial Aid Specialist	10	7	5	5	5	7
Harter, Renie	Manager Campus Accounting	3	3	4	3	3	4
Henry, Kevin	Registration Clerk	2	2	1	1	2	1
Hernandez, Jeri	Administrative Assistant	6	5	10	5		
Hobson, Tori	Hourly Support Staff	3	3	1	2	5	1
Jimenez, Peter	Hourly Support Staff	2	3	1	2	4	4
Jones, LaQuita	Clerical Assistant	10		10	5		5
Kanaan, Jay	Accounting Technician	5	8	5	5	20	5
Larson, Nancy	Coordinator	8		8			
Ledezma, Elizabeth	Admissions Technician	1	3	1	2	2	
Leopold, Maureen	Accounting Specialist	5	8	5	4	10	15
Lorie-Jen, Kim	Evaluator	4	3	3	2		
Lucerno, Cheryl	Financial Aid Technician	3	2	1	2		1
Luviano, Elizabeth	Hourly Support Staff	2	2	1	2	2	
Mahoney, Leslie	Account Clerk	2		1		3	2
Majdali, Umajyah	Hourly Accounting Technician	6	9	5	5	24	10
Martinez, Delores	Admissions & Records Technician	5	5	5	5	5	5
Mayberry, Suzanne	Clerical Assistant	10	7	4	4		
Miller, John	Accounting Technician	3	10	3	6	15	7
Miranda, Sandra	Evaluator	5	4	2	5		
Montana, Erica	Student Support	1.5	2	1.5	1	2	
Morales, Lisa	Accounting Technician	7	7	6	4	25	9
Mosley, Amelia	Clerical Assistant	10	10	10	10		
Negrete, Rena	Admissions & Records Specialist	5	5	5	5	5	5
Nelson, Brittany	Hourly Registration	5	2	3	2	3	1
Nguyen, Tuan	Admissions & Records Specialist	5	10	3	5		
Olivas, Priscilla	Hourly Support Staff	1	2	1	2	2	

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007
 Time Study

Oropeza, Elaine	Technician	8		8			
Padilla, Jayme	Evaluator	4	4	3	4	4	3
Quan, Linh	Accounting Specialist	2		2			4
Ramos, Amanda	Admissions & Records Assistant	5	5	2	5		
Reid, Denise	Admissions & Records Technician	5	3	2	3	5	4
Reza, Alan	Financial Aid Specialist	9	7	7.5	10	7	5
Rodriguez, Daisy C.	Accounting Technician	5	8	8	5	8	10
Saghaei, Azar	Hourly Support Staff	3	3	1	3	5	2
Sandoval, Rebeca	Financial Aid Specialist	3	2	1	2		1
Specht, Julie	Hourly Support Staff	10	10	10	15		
Thompson, Jeanne	Student Services Technician	60		15			
Tran, Kimberly	Financial Aid Technician	10		5	5		5
Tran, Luu	Admissions & Records Technician	15	5	5	20		
Truong, Phuc (Jason)	Admissions & Records Hourly	3	3	1.5	3		
Villegas, Fatima	Technician	8		8			
Average		6.4	5.0	5.1	4.8	6.1	4.4

Conclusion: Findings go forward to Schedule 1A.

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.
 Used client provided multipliers from 05-06.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee collection and Waivers
 Fiscal Year 2006-2007
 Average PHR

Purpose: To calculate the average PHR for Admissions and Records staff.

Source: North Orange County CCD PHR list.

Findings:

Staff	Title	06-07	
Abadzhyan, Susanna	Technician	30.35	
Adakai, Ericka	Administrative Assistant	44.93	A
Aldrete, Guadalupe	Admissions & Records Technician	32.46	A
Aguirre, Maria	Technician	34.51	
Alcaraz, Jose	Technician	37.87	
Allen, Akilah	Admissions & Records Technician	46.94	
Almaraz, Arturo	Clerical Assistant	32.95	
Alton, Meg	Admissions & Records Technician	30.9	
Asam, John	Hourly Support Staff	12.72	A
Aure, Allan	Technician	36.17	
Bassler, Jennifer	Hourly Support Staff	11.18	
Beard, Claudia	Account Clerk	37.42	
Becerril, Shelly	Hourly Registration	12.72	A
Bradshaw, John	Technician	32.46	A
Calderon-Tenza, Roselle	Financial Aid Technician	38.88	
Chang, Ly	Evaluator	39.44	A
Clark, Antonese	Admissions & Records Specialist	33.66	
Cobb, Keith	Director, Financial Aid	62.32	
Coria, Yessenia	Hourly Support Staff	12.72	A
Cruz, Carrie	Clerical Assistant	31.2	
Cupino, Jeff	Hourly Support Staff	12.72	A
Davis, Christy A.	Admissions & Records Technician	32.46	A
Dean, Brian	Admissions & Records Technician	30.78	
Dillon, Andrew	Hourly Support Staff	10.93	
Do, Field	Evaluator	39.44	A
Edwards, Arnette	Financial Aid Technician	42.2	
Felix, Ana	Admissions & Records Specialist	49.31	
Filippi, Geovanni	Clerical Assistant	26.53	
Fisher, Sandra	Hourly Registration	12.72	A
Ford, Regina	Registrar	67.3	
Funaoka, Lisa	Admissions & Records Technician	33.72	
Guzman, Elizabeth A.	Admissions & Records Technician	38.66	
Ha, Jackie	Financial Aid Specialist	42.35	
Harter, Renie	Manager Campus Accounting	71.89	
Henry, Kevin	Registration Clerk	10.49	
Hernandez, Jeri	Administrative Assistant	44.93	A
Hobson, Tori	Hourly Support Staff	12.72	A
Jimenez, Peter	Hourly Support Staff	12.72	A
Jones, LaQuita	Clerical Assistant	31.34	A
Kanaan, Jay	Accounting Technician	41.26	
Larson, Nancy	Coordinator	48.57	
Ledezma, Elizabeth	Admissions Technician	32.46	A

Schedule 2A
North Orange County Community College
308/95 Enrollment Fee collection and Waivers
Fiscal Year 2006-2007
Average PHR

Staff	Title	06-07	
Leopold, Maureen	Accounting Specialist	97.28	
Lorie-Jen, Kim	Evaluator	39.44	A
Lucerno, Cheryl	Financial Aid Technician	32.46	A
Luviano, Elizabeth	Hourly Support Staff	10.41	
Mahoney, Leslie	Account Clerk	37.13	
Majdali, Umaiylah	Hourly Accounting Technician	12.72	A
Martinez, Delores	Admissions & Records Technician	32.46	A
Mayberry, suzanne	Clerical Assistant	31.34	A
Miller, John	Accounting Technician	37.17	
Miranda, Sandra	Evaluator	39.44	A
Montana, Erica	Student Support	12.72	A
Morales, Lisa	Accounting Technician	41.42	
Mosley, Amelia	Clerical Assistant	31	
Negrete, Rena	Admissions & Records Specialist	41.98	
Nelson, Brittany	Hourly Registration	12.72	A
Nguyen, Tuan	Admissions & Records Specialist	42.79	
Olivas, Priscilla	Hourly Support Staff	12.72	A
Oropeza, Elaine	Technician	44.76	
Padilla, Jayme	Evaluator	39.44	A
Quan, Linh	Accounting Specialist	39.92	
Ramos, Amanda	Admissions & Records Assistant	28.33	
Reid, Denise	Admissions & Records Technician	32.46	A
Reza, Alan	Financial Aid Specialist	44.49	
Rodriguez, Daisy C.	Accounting Technician	24.16	
Saghaei, Azar	Hourly Support Staff	12.72	A
Sandoval, Rebeca	Financial Aid Specialist	38.93	
Specht, Julie	Hourly Support Staff	12.72	A
Thompson, Jeanne	Student Services Technician	32.46	A
Tran, Kimberly	Financial Aid Technician	36.86	
Tran, Luu	Admissions & Records Technician	32.46	A
Truong, Phuc (Jason)	Admissions & Records Hourly	10.9	
Villegas, Fatima	Technician	28.53	
Average		32.72	

Conclusion: Findings go forward to EFCW-2.

A: Used average PHR.

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location EC FAD
 Employee Name Sasanna Abadzyan Exact Position Title Technician
 Telephone # 992-7050 Work year length(circle) 2mo/11mo/10mo/hrly Fiscal Year: 05-06/06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Sasanna Abadzyan Date 1/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Ericka Adakai
Employee Name

Admissions & Records / FC
Department/Location
Admin. Assistant II
Exact Position Title

(714) 992-7000 Telephone #
(2mo/11mo/10mo/hrly) Work year length(circle)
#2593

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Ericka Adakai Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location EC FAD

Employee Name Maria Aguirre

Exact Position Title Technician

Telephone # 992-7050

Fiscal Year: 05-06 06-07 07-08

Work year length(circle) 12mo 11mo/10mo/hrly

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>8</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>N/A</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>8</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>N/A</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 Maria Aguirre

Date 1/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD Department/Location EC FAD
 Employee Name Jose Alcaraz Exact Position Title Tech
 Telephone # 992-7050 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>8</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>N/A</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>8</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>N/A</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 [Signature] Date 1/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2
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**Employee AVERAGE Time Record for Mandated Costs
 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
 ENROLLMENT FEE COLLECTION/CASHIER FUNCTIONS**

BY: _____

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

NOCCCD Admissions and Records/Cypress College
 District Department/Location

Guadalupe Aldrete
 Employee Name Exact Position Title

Telephone # 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08
 Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] Date 5/21/07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD

Admissions and Records/Cypress College

District

Department/Location

Akilah Allen
Employee Name

Exact Position Title

Telephone # 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	10	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	20	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Akilah Allen Date 5/17/07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District _____

Admissions and Records/Cypress College
Department/Location _____

Arturo Almaraz
Employee Name _____

A&R - Clerical Assistant
Exact Position Title _____

(562) 234-1116 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	15	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] Date 5/16/07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2
RECEIVED
 DEC 28 2007

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

BY: _____

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

NOCCCD
 District _____

Admissions and Records/Cypress College
 Department/Location _____

Meg Alton
 Employee Name _____

Admissions and Records Technician
 Exact Position Title _____

(714)484-7349 (2mo)11mo/10mo/hrly
 Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3</u>	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>5</u>	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>3</u>	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Meg E. Alton Date: May 17th 2007

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCED
District
John Asam
Employee Name

A&R Fullerton College
Department/Location
Health Support staff
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2
RECEIVED
DEC 28 2007

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

BY: _____

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

District NOCOD

Department/Location ADMISSIONS & RECORDS

Employee Name ALAN AURE

Exact Position Title TECHNICIAN

Telephone # 714 992-7000 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3m.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Admissions & Records
Department/Location

Jennifer Bassler
Employee Name

Hourly Support Staff
Exact Position Title

n/a Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Jennifer Bassler

Date 31 May, 2007

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

BY: _____

District NOCCCD

Department/Location Bursar

Employee Name Claudia Beard

Exact Position Title Account Clerk II

Telephone # 992-7555 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5 minutes					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7 minutes					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	6 minutes					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5 minutes					

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 Claudia S. Beard

Date 5-3-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCD
District

Bursars office - CC
Department/Location

Shelley Becerril
Employee Name

Hourly-Registration
Exact Position Title

(714) 484-7317 12mo/11mo/10mo (hrly)
Telephone # Work year length(circle)

Fiscal Year: 05-06 (06-07) 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					✓

40% of students

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 Shelley Becerril

Date August 29.07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCO
District

ADMISSIONS + Records
Department/Location

JOHN BRADSHAW
Employee Name

Technician
Exact Position Title

X 28199
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	(4)					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	(3)					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	(5)					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	(3)					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	(4)					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	(0)					

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 [Signature]

Date MAY 31 2007

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

North Orange County
District

Financial Aid - Cypress
Department/Location

Roselle Calderon-Teneza
Employee Name

Financial Aid Technician
Exact Position Title

714) 484-7114 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Roselle Teneza Date 5/15/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD

Admissions and Records/Cypress College

District

Department/Location

LY CHANES

EVALUATOR

Employee Name

Exact Position Title

(714) 484-7427

Fiscal Year: 05-06 06-07 07-08

Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>10</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>10</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>5</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>10</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature]

Date 5-16-07

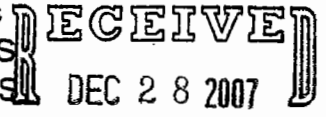
If you have any questions, please contact Dave Wassenaar, A&R Dean at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions and Records/Cypress College
Department/Location

Antionese Clark
Employee Name

Admissions & Records Specialist
Exact Position Title

714-484-7409 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	7	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	7	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature]

Date 05/16/07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Financial Aid
Department/Location

Keith Cobb
Employee Name

Director of Financial Aid
Exact Position Title

(7) 484-7116 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	7					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	7					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Keith Cobb

Date 05/24/07

If you have any questions, please contact Keith Cobb, at 484-7116

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location Fullerton College A&R

Employee Name Yessenia Coria

Exact Position Title Hourly Support Staff

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 ~~07-08~~

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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 [Signature]

Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location EC FAD
 Employee Name Carrie Cruz Exact Position Title Clerical Asst
 Telephone # 992-7050 Fiscal Year: 05-06 06-07 07-08
 Work year length(circle) 12mo/11mo/10mo/hrly

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 1/3/08
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCEED
District _____

Fullerton College Admissions + Records
Department/Location _____

Jeff Cupina
Employee Name _____

Hourly Support Staff
Exact Position Title _____

(714) Telephone # _____
12mo/11mo/10mo/hrly Work year length(circle) _____

Fiscal Year: 05-06 06-07 ~~07-08~~

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 JG _____

Date 5/31/07 _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD _____

Admissions and Records/Cypress College

District _____

Department/Location

Employee Name CHRISTY A. DAVIS

Exact Position Title Admissions & Records tech

Telephone # 47348

Work year length(circle) (2mo)/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] Date 5/14/07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 30 seconds

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Brian Dean
Employee Name

Admissions and Records/Cypress College
Department/Location
Admission & Records Tech.
Exact Position Title

(714) 484-7344
Telephone # 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>10</u>	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>5</u>	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>10</u>	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>5</u>	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] Date 5-16-07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCT
District

FC Admissions
Department/Location

Andrew Dillon
Employee Name

Hourly Support Staff
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 ~~07-08~~

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 A. C. Dillon

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min.

EFGW 172
RECEIVED
 DEC 28 2007

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

BY: _____

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

District NOCCCD

Department/Location Admissions & Records/ Fullerton College

Employee Name Field Do

Evaluator _____
 Exact Position Title _____

Telephone # (714) 992-7790 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	22					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 [Signature]

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

North Orange County
District

Financial Aid - Cypress
Department/Location

Arnette Edwards
Employee Name

Financial Aid Technician
Exact Position Title

714)404-7114 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location FC - ADMISSIONS

Employee Name AWA FELIX

Exact Position Title ADMISSIONS & RECORDS SPECIALIST

Telephone # _____
Work year length(circle) 12mo 1mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 AWA Felix

Date 6/1/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD

Admissions and Records/Cypress College

District

Department/Location

GIOVANNI FILIPPI
Employee Name

Clerical Assistant (40%)
Exact Position Title

714/484-7410
Telephone #

(2) 11mo/10mo/hrlv
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1-2 mins</u>	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2 mins</u>	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>5-10 mins</u>	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>2.5 mins</u>	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] Date 05/16/07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 20 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District: NOCCCD Department/Location: Cypress College / Bursar
Employee Name: Sandra Fisher Exact Position Title: hourly - registration
Telephone #: 484-7317 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5 min	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8 min	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10 min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	8 min	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10 min				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5 min				✓	

40% of students

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: Sandra Fisher Date: 8/29/07

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-2

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

RECEIVED
 DEC 28 2007

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

By: _____

NO6CCD
 District _____

Admissions and Records/Cypress College
 Department/Location _____

Regina Ford
 Employee Name _____

Registrar
 Exact Position Title _____

71484-7432 12mo 11mo/10mo/hrly
 Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Regina Ford Date 5-16-07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location FC - A&R

Employee Name Fundoka, Lisa

Exact Position Title A&R Technician

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

ADMISSIONS & RECORDS
Department/Location

ELIZABETH A. GUZMAN
Employee Name

ADMISSIONS & RECORDS TECHNICIAN
Exact Position Title

(714) 992-7578 12mo / 11mo / 10mo / hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature]

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCDD
District

PAO/CC
Department/Location

JACKIE HA
Employee Name

FAS
Exact Position Title

484-7118
Telephone #

Fiscal Year: 05-06 06-07 07-08

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

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 Jackie Ha

Date 5/15/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

BUASAR - CC
Department/Location

RENIE HARTER
Employee Name

MANAGER CAMPUS ACCOUNTING
Exact Position Title

714-484-7316 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or-referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					✓

40% of students

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 Renie Harter Date 9-4-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 minutes.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOC CCP
Kevin Henry

Department/Location Bursar's Office
Exact Position Title Registration clerk

Employee Name _____
Telephone # (714) 484-7317 Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	✓	Wrote			
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					✓

40% of students

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 [Signature]

Date 8-29-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2
RECEIVED
DEC 28 2007

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

BY: _____

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

NOCCCD _____

Admissions and Records/Cypress College

District _____

Department/Location _____

Employee Name Jeri Hernandez

Exact Position Title Administrative Assistant

Telephone # 47345

Work year length(circle) (2mo) 11mo/10mo/hrly

Fiscal Year: 05-06 (06-07) 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Jeri Hernandez Date 5-16-07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District DDCCCD

Department/Location Fullerton College A+R

Employee Name TORI Hobson

Exact Position Title Hourly Support Staff

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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

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 [Signature]

Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

BY: _____

NoCCCD
District

Fullerton College A+R
Department/Location

Peter Jimenez
Employee Name

Hourly support staff
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/11

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Peter Jimenez

Date 05/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NACCCD

Department/Location Financial Aid

Employee Name Leticia Jones

Exact Position Title Clerical Assistant I

Telephone # (714) 444-7029 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 5-15-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 8

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location BOARDS - CUPRESS COLLEGE

Employee Name JAY KANAAN

Exact Position Title ACCOUNTING TECHNICIAN

Telephone # (714) 484-7315 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% OF STUDENTS

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 [Signature]

Date 8/29/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location EC FAD

Employee Name Nancy Larson

Exact Position Title Coordinator

Telephone # 992-7050

Fiscal Year: 05-06 06-07 07-08

Work year length(circle) 12mo/11mo/10mo/hrly

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature]

Date 1/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

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

EFCW 1.7-2
RECEIVED
DEC 28 2007

BY:

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

NOCCCD
District

FULLERTON COLLEGE A&R
Department/Location

EUZABETH LEDEZMA
Employee Name

ADMISSIONS TECHNICIAN
Exact Position Title

(714) 992-7000 EXT-25197
Telephone # 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 [Signature]

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min.

EFCW 1.7-2
RECEIVED
 DEC 28 2007

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

BY: _____

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

NOCCCD
 District

Bursar's Office - CC
 Department/Location

Maureen Leopold
 Employee Name

Accounting Specialist
 Exact Position Title

484-7318 Telephone # 12mo Work year length(circle)
 11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5 min	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					✓

40% of students

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 Maureen Leopold

Date 8/29/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District No. Orange County Comm. College Dist. Department/Location A&K
 Employee Name Kim Louie-Jen Exact Position Title Evaluator
 Telephone # 714 992-7574 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Kim Louie Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 7 1/2 hours

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD Department/Location CC-Fin Aid
 Employee Name Cheryl A. Lucero Exact Position Title Financial Aid Technician
 Telephone # ext. 47117 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08
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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Cheryl A. Lucero Date 05/15/07
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

BY:.....

NOCED
District

Fullerton College
Department/Location

Elizabeth Lumano
Employee Name

Student Support
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 ~~07-08~~

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Elizabeth Lumano

Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

N.O.C.C.C.D
District

FC Bursa
Department/Location

Leslie Mahoney
Employee Name

Account Clerk
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	⊕					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	⊕					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Leslie Mahoney

Date 05/04/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10

EFCW 1.7-2
RECEIVED
DEC 28 2007

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

BY: _____

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

District NOCED

Department/Location Bursar / Cypress College

Employee Name Umairah Majdali

Exact Position Title Hourly Accounting Tech.

Telephone # (714) 484-7317

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	9	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	24				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					✓

40% of students

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 Umairah Majdali

Date 9/4/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location Admissions + Records / Fullert College

Employee Name Delores Martinez

Exact Position Title Admissions + Records Technician

Telephone # (714) 992-7577

Work year length(circle) 12mo/11mo/10mo/hrlly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Delores Martinez

Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Admissions and Records/Cypress College
Department/Location

Suzanne Mayberry
Employee Name

Clerical Assistant
Exact Position Title

714-484-7092 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 , 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Suzanne Mayberry Date 5/17/07

If you have any questions, please contact Dave Wassenaar, A&R Dean , at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 10 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

BY: _____

District NOCCED

Department/Location BURSAR'S OFFICE

Employee Name John Miller

Exact Position Title Accounting Technician

Telephone # 714-992-7500 x28230

Fiscal Year: 05-06/06-07/07-08

Work year length(circle) 12mo/11mo/10mo/hrly

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10 10					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	6 6					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	15					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

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 John Miller Date 5/3/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

BY:

NOCCGD
District _____

Admissions and Records/Cypress College
Department/Location _____

Sandra Miranda
Employee Name _____

Evaluator
Exact Position Title _____

484-7431
Telephone # _____

12mo 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	2	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Sandra Miranda Date 5-16-07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2
RECEIVED
DEC 28 2007

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

BY: _____

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

NOCCE D
District
Erica Montana
Employee Name

Fullerton College
Department/Location
Student Support
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1-2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1-2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Erica Montana

Date 05/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 mins

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCD Department/Location Bursar's Cypress
Employee Name Lisa Morales Exact Position Title Acct Tech
Telephone # 484-7317 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7	/				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	/				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	6					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	/				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	25				/	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	9					/

40% of student

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 Lisa Morales Date 8-29-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD

Admissions and Records/Cypress College

District

Department/Location

AMELIA MOSLEY
Employee Name

CLERICAL ASSISTANT
Exact Position Title

(714) 484-7428 Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Amelia P. Mosley Date 05-16-07

If you have any questions, please contact Dave Wassenaar A&R Dean, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____, TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

BY:

District NOCCCD

Department/Location Admissions & Records

Employee Name Rena Negrete

Exact Position Title Admission & Records Specialist

Telephone # 992-7789

Work year length(circle) 12mo 1mo/10mo/hrlly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Rena Negrete

Date 5/21/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 8 min.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Bursars office - CC
Department/Location

Brittany Nelson
Employee Name

Hourly - Registration
Exact Position Title

(714) 484-7317 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					✓

40% of students

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 Brittany Nelson

Date 8/29/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2mins

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Tuan Nguyen
Employee Name

Admissions and Records/Cypress College
Department/Location
A&R Specialist
Exact Position Title

Telephone #
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Tuan Nguyen Date 5/17/07

If you have any questions, please contact Dave Wassenaar, A&R Dean, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCSD
District

Fullerton College A&Z
Department/Location

Priscilla Olivas
Employee Name

Hourly Student Support
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/9mly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility; and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 [Signature]

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location FC FAD
 Employee Name Elaine Oropeza Exact Position Title Technician
 Telephone # 992-7050 Fiscal Year: 05-06 06-07 07-08
 Work year length(circle) 12mo

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Elaine Oropeza Date 1/3/08

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

How long did it take you to fill out this form? 5

EECW 1.7-2
RECEIVED
DEC 28 2007

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD-
District _____
Padilla, Jayme
Employee Name _____
Telephone # 714) 992-7000 ext. 25194

Admission & Records / Fullerton College
Department/Location _____
Evaluator _____
Exact Position Title _____
Fiscal Year: 05-06 06-07 07-08

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 Jayme Padilla Date 6/11/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2
RECEIVED
DEC 28 2007

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

BY: _____

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

District NOCCCD

STUDENT SERVICES
BURSAR'S OFFICE / 2000 BLDG
Department/Location

Employee Name LINH QUAN

ACCOUNTING SPECIALIST
Exact Position Title

Telephone # 714-992-7555 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Linh Quan Date 5-3-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Amanda Ramos
Employee Name

Admissions and Records/Cypress College
Department/Location
A&R Clerical Assistant I
Exact Position Title

714 484 7410 Telephone #
(12mo) 1mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 (06-07) 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Amanda Ramos Date 5-10-07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NOCCCO

Department/Location Admissions & Records

Employee Name Denise Reid

Exact Position Title A & R Tech

Telephone # X 25195 (12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: 05-06 (06-07) 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Denise Reid

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District NoCCCO

Department/Location Cypress College - Financial Aid Dept

Employee Name Alan Reza

Exact Position Title Financial Aid Specialist

Telephone # (714) 484-7114

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8 to 10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5 to 10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	7					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Alan Reza

Date 5/15/07

If you have any questions, please contact Alan Reza, at (714) 484-7114 ext. 7

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 10min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

N00000
District

Cypress College Bursar's Office
Department/Location

MRS. C. Rodriguez
Employee Name

Acct. Tech.
Exact Position Title

(714) 484-7314 12mo / 11mo / 10mo / hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06, 06-07, 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					✓

40% of students

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 [Signature]

Date 8/29/2007

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCED
District
Azar Sghaei
Employee Name

Fullerton College A&R
Department/Location
Hourly Support Staff
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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

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 Azar Sghaei Date 05/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

District: NOCCCD

Department/Location: FIN. AID

Employee Name: Rebecca SANDOVAL

Exact Position Title: Financial Aid Specialist

Telephone #: 714) 484-7119 Work year length(circle): 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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: Rebecca Sandoval Date: 5/15/07

If you have any questions, please contact (714) 484-7119 at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10min.

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
 District
Julie Specht
 Employee Name

Admissions and Records/Cypress College
 Department/Location
Student Hourly employee
 Exact Position Title

Telephone # _____
 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	10	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	15	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Julie Specht Date 5/17/07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 minutes

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Financial Aid / Cypress College
Department/Location

Jeanne Thompson
Employee Name

Student Services Technician
Exact Position Title

(714) 484-7000 x45013 Telephone #
12mo / 11mo / 10mo / hrly Work year length (circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	60					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Jeanne Thompson

Date 5/17/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NO CCD
District

Fin. Aid / Cypress
Department/Location

Kimberly Tran
Employee Name

Fin. Aid Tech
Exact Position Title

x48120
Telephone #

Fiscal Year: 05-06 06-07 07-08

12mo 1mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	NA					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	NA					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Kimberly Tran

Date 5-16-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

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

RECEIVED
DEC 28 2007

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

NOCCCD _____ Admissions and Records/Cypress College
 District _____ Department/Location
Luu Tran _____ A & R Technician
 Employee Name _____ Exact Position Title
(714) 484-7347 _____ Fiscal Year: 05-06 06-07 07-08
 Telephone # _____ Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	20	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 *Dave Wassenaar* (X) Date 05/18/07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2

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

RECEIVED
 DEC 28 2007

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

NOCCCD
 District

Admissions and Records/Cypress College
 Department/Location

Phuc (Jason) Truong
 Employee Name

ATR - Hourly
 Exact Position Title

(714) 422-6177 12mo/11mo/10mo/hrly
 Telephone # Work year length (circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1-2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 [Signature] Date 5/17/07

If you have any questions, please contact Dave Wassenaar, A&R Dean at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location EC FAD
 Employee Name Fatima Villegas Exact Position Title Technician
 Telephone # 992-7050 Fiscal Year: 05-06 06-07 07-08
 Work year length(circle) 12mo/11mo/10mo/hrly

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Fatima Villegas Date 1/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Years: 2006-2007
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Abadzhyan, Susanna	Technician	4.0	5.0	4.0	5.0	8.0	5.0
Adakai, Erica	Admissions Assistant	1.0					
Aguirre, Maria	Technician	4.0	5.0	4.0	5.0	8.0	5.0
Alcaraz, Jose	Technician	4.0	5.0	4.0	5.0	8.0	5.0
Asam, John	Hourly Support Staff	3.0	2.0	2.0	2.0		
Aure, Allan	Technician	3.0					
Bassler, Jennifer	Hourly Support Staff	4.0					
Beard, Claudia	Account Clerk	8.0					
Bradshaw, John	Technician	2.0					
Calderon-Teneza, Roselle	Financial Aid Technician	10.0	15.0	10.0	10.0	10.0	15.0
Cobb, Keith	Director, Financial Aid	3.0	5.0	2.0	5.0	7.0	8.0
Coria, Yessenia	Hourly Support Staff	1.0					
Cruz, Carrie	Clerical Assistant	4.0	5.0	4.0	5.0	8.0	5.0
Cupino, Jeff	Hourly Support Staff	2.0	3.0	2.0	2.0	3.0	2.0
Dillon, Andrew	Hourly Support Staff	2.0	3.0	2.0	1.0	2.0	1.0
Do, Field	Evaluator	3.0					
Edwards, Arnette	Financial Aid Technician	5.0	5.0	10.0	10.0	5.0	7.0
Felix, Ana	Admissions & Records Specialist	5.0					
Funaoka, Lisa	Admissions & Records Technician	2.0	4.0	5.0	5.0	5.0	4.0
Guzman, Elizabeth A.	Admissions & Records Technician	5.0					
Ha, Jackie	Financial Aid Specialist	5.0	7.0	3.0	7.0	5.0	4.0
Hobson, Tori	Hourly Support Staff	1.0	1.0	2.0	1.0	3.0	2.0
Jimenez, Peter	Hourly Support Staff	2.0	2.0	1.0	3.0	2.0	5.0
Jones, LaQuita	Clerical Assistant	10.0	5.0	5.0	5.0	5.0	10.0
Larson, Nancy	Coordinator	4.0	5.0	4.0	5.0	8.0	5.0
Ledezma, Elizabeth	Admissions Technician	4.0	3.0	3.0	5.0	4.0	4.0
Lorie-Jen, Kim	Evaluator	3.0					
Lucero, Cheryl	Financial Aid Technician	2.0	2.0	1.0		1.0	
Luviano, Elizabeth	Hourly Support Staff	1.5					
Mahoney, Leslie	Senior Account Clerk	1.0					
Martinez, Delores	Admissions & Records Technician	5.0					
Miller, John	Accounting Technician	3.0					
Montana, Erica	Student Support	1.5					
Negrete, Rena	Admissions & Records Specialist	5.0					
Olivas, Prescilla	Hourly Support Staff	1.0					
Oropeza, Elaine	Technician	4.0	5.0	4.0	5.0	8.0	5.0
Padilla, Jayme	Evaluator	3.0					
Quan, Linh	Accounting Specialist	1.0					
Reid, Denise	Admissions & Records Technician	3.0					
Reza, Alan	Financial Aid Specialist	3.0	5.0	2.0	5.0	7.0	8.0
Saghaei, Azar	Hourly Support Staff	1.0	1.0	2.0	2.0	4.0	
Sandoval, Rebeca	Financial Aid Specialist	2.0	2.0	1.0		1.0	
Thompson, Jeanne	Student Services Technician	5.0					
Tran, Kimberly	Financial Aid Technician	5.0	5.0	10.0	1.0	5.0	4.0

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Years: 2006-2007
 Time Study

Staff	Title	6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Villegas, Fatima	Technician	4.0	5.0	4.0	5.0	8.0	5.0
Average		3.4	4.4	3.8	4.5	5.4	5.5

Conclusion: Findings go forward to Schedule 1B.

***EFW Workload Multiplier (Default)**

- EFW 6 - Total number of enrollment fee waivers requested
- EFW 7 - Total number of enrollment fee waivers granted
- EFW 8 - Total number of enrollment fee waivers denied

****Activity Codes**

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
 North Orange County community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007
 Average PHR

Purpose: To calculate average PHR for Financial Aid staff.
 Source: North Orange County CCD PHR's.
 Findings:

Staff	Title	06-07	
Abadzhyan, Susanna	Technician	30.35	
Adakai, Erica	Admissions Assistant	44.93	A
Aguirre, Maria	Technician	34.51	
Alcazar, Jose	Technician	37.87	
Asam, John	Hourly Support Staff	12.72	A
Aure, Allan	Technician	36.17	
Bassler, Jennifer	Hourly Support Staff	11.18	
Beard, Claudia	Account Clerk	37.42	
Bradshaw, John	Technician	32.46	A
Calderon-Teneza, Roselle	Financial Aid Technician	38.88	
Cobb, Keith	Director, Financial Aid	62.32	
Coria, Yessenia	Hourly Support Staff	12.72	A
Cruz, Carrie	Clerical Assistant	31.2	
Cupino, Jeff	Hourly Support Staff	12.72	A
Dillon, Andrew	Hourly Support Staff	10.93	A
Do, Field	Evaluator	39.44	A
Edwards, Arnette	Financial Aid Technician	42.2	
Felix, Ana	Admissions & Records Specialist	49.31	
Funaoka, Lisa	Admissions & Records Technician	33.72	
Guzman, Elizabeth A.	Admissions & Records Technician	38.66	
Ha, Jackie	Financial Aid Specialist	42.35	
Hobson, Tori	Hourly Support Staff	12.72	A
Jimenez, Peter	Hourly Support Staff	12.72	A
Jones, LaQuita	Clerical Assistant	31.34	A
Larson, Nancy	Coordinator	48.57	
Ledezma, Elizabeth	Admissions Technician	32.46	A
Lorie-Jen, Kim	Evaluator	39.44	A
Lucero, Cheryl	Financial Aid Technician	32.46	A
Luviano, Elizabeth	Hourly Support Staff	10.41	
Mahoney, Leslie	Senior Account Clerk	37.13	
Martinez, Delores	Admissions & Records Technician	32.46	A
Miller, John	Accounting Technician	37.17	
Montana, Erica	Student Support	12.72	A
Negrete, Rena	Admissions & Records Specialist	41.98	
Olivas, Prescilla	Hourly Support Staff	12.72	A
Oropeza, Elaine	Technician	44.76	
Padilla, Jayme	Evaluator	39.44	A
Quan, Linh	Accounting Specialist	39.92	
Reid, Denise	Admissions & Records Technician	32.46	A
Reza, Alan	Financial Aid Specialist	44.49	
Saghaei, Azar	Hourly Support Staff	12.72	A
Sandoval, Rebeca	Financial Aid Specialist	38.93	
Thompson, Jeanne	Student Services Technician	32.46	A
Tran, Kimberly	Financial Aid Technician	36.86	
Villegas, Fatima	Technician	28.53	
Average		31.93	

Conclusion: Findings go forward to EFCW-2.

A: Average PHR used.

How long did it take you to fill out this form? 5 min ^{9:06} ^{9:11}

EFCW 1.7-3

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

District NOCCCD Department/Location FC FIN AID
 Employee Name Susanna Abadyhyan Exact Position Title Technician
 Telephone # 992-7050 Fiscal Year: 05-06 06-07 07-08
 Work year length(circle) 12mo/11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	4			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 Susanna Abadyhyan Date 11/3/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

BY: _____

NOCCCD
District

AAR / FC
Department/Location

Erica Adakai
Employee Name

Admin. Asst. II
Exact Position Title

(714) 992-7000 Telephone #
X2593
12 mo / 1 mo / 10 mo / hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Erica Adakai Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

7:06
9:11

EFCW 1.7-3

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

District NOCCCD

Department/Location FC FIN AID

Employee Name Maria Aguirre

Exact Position Title Technician

Telephone # 992-7050 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-08 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	4			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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Employee Signature Maria Aguirre

Date 11/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min ^{9:06} ^{9:11}

EFCW 1.7-3

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

District NOCCCD Department/Location FC FIN AID
 Employee Name Jose Alcaraz Exact Position Title Teach
 Telephone # 992-7050 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-08 06-07 07-08
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	4			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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Employee Signature [Signature] Date 11/3/08

If you have any questions, please contact _____ at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

AAR Fullerton College
Department/Location

John Asam
Employee Name

Hourly Support Staff
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	2			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	2			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature [Signature]

Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCED
District _____

Admissions & Records
Department/Location _____

Alan AURE
Employee Name _____

TECHNICAL
Exact Position Title _____

714.992.7000
Telephone # _____

12mo/11mo/10mo/hrly
Work year length(circle) _____

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature _____ Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min.

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NCCCD
District
Jennifer Bassler
Employee Name

Admissions & Records
Department/Location
Hourly Support Staff
Exact Position/Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature: Jennifer Bassler Date: 31 May, 2007

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 minutes

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

BY: _____

District NOCCCD

Department/Location Bursar

Employee Name Claudia Beard

Exact Position Title Account clerk II

Telephone # 992-7555
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>8</u> minutes			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Claudia S. Beard Date 5-3-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

Worocco
District

ADMISSIONS & RECORDS
Department/Location

JOHN BRADSHAW
Employee Name

Teacher
Exact Position Title

X25199
Telephone #

12mo 1mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 Answering Questions regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 Receiving 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.	<u>N/A</u> 0			
Code 23 Evaluating Applications each application and verification documents for compliance with eligibility standards.	<u>N/A</u> 0			
Code 24 Incomplete Applications: notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u> 0			
Code 25 Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u> 0			
Code 26 Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u> 0			

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Employee Signature [Signature]

Date MAY 31 2007

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

North Orange County District Financial Aid - Cypress Department/Location
Roselle Calderon-Teneza Employee Name Financial Aid Technician Exact Position Title
714) 484-1114 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	15			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15			

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Employee Signature Roselle Calderon-Teneza Date 5/15/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Keith Cobb
Employee Name

Financial Aid
Department/Location
Director of Financial Aid
Exact Position Title

484-7116
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	7			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	8			

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 Keith Cobb Date 05/24/07

If you have any questions, please contact Keith Cobb, at 484-7116

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location Tollerton College A&R

Employee Name Yessenia Coria

Exact Position Title hourly Support Staff

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 ~~07-08~~

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Ø			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	Ø			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	Ø			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	Ø			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	Ø			

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Employee Signature Yessenia Coria Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min ^{4:06} ^{9:11}

EFCW 1.7-3

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

District NOCCCD Department/Location FC FIN AID
 Employee Name Carrie Cruz Exact Position Title CLERICAL ASST
 Telephone # 992-7050 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-08 06-07 07-08
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>4</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>4</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>5</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>8</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>5</u>			

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 [Signature] Date 11/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Jeff Chipino
Employee Name

Fullerton College Admissions + Records
Department/Location
Hourly Support Staff
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 (06-07) (07-08)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	2			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	3			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2			

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 JGC Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2.5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

FC Admissions
Department/Location

Andrew Dillon
Employee Name

Hourly Support Staff
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 ~~07-08~~

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	1			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	2			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	< 1			

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Employee Signature A. C. Dillon Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

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

EECW 1.7-3
RECEIVED
DEC 28 2007
BY:

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

District NOCCTD

Department/Location Admissions & Records / Fullerton College

Employee Name Field Do

Exact Position Title Evaluator

Telephone # (714) 992-7790

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 [Signature] Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

North Orange County
District

Financial Aid- Cypress
Department/Location

Arnette Edwards
Employee Name

Financial Aid Technician
Exact Position Title

714)484-7114
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	7			

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Employee Signature [Signature] Date _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

BY: _____

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

District NOCCCO

Department/Location FC - A & R

Employee Name ANA FELIX

Exact Position Title ADMISSIONS & RECORDS SPECIALIST

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 Ana Felix Date 6/1/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

RECEIVED
DEC 28 2007

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

District NOCED Department/Location FC-A&R
Employee Name Funaoka Liza Exact Position Title A&R Technician
Telephone # _____ Fiscal Year: 05-06 06-07 07-08
Work year length(circle) 12mo 11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	4			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	4			

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Employee Signature [Signature] Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

ADMISSIONS & RECORDS
Department/Location

ELIZABETH A. GUZMAN
Employee Name

ADMISSIONS & RECORDS TECHNICIAN
Exact Position Title

(714) 992-7578
Telephone #

(12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 *Elizabeth A. Guzman* Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

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

RECEIVED
DEC 28 2007

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

District NOCCCD Department/Location FAO/CC
Employee Name JACKIE HA Exact Position Title FAS
Telephone # 484-7118 Fiscal Year: 05-06 06-07 07-08
Work year length(circle)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	7			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	7			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	4			

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Employee Signature Jackie Ha Date 5/15/07
If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location Fullerton College A+R

Employee Name Tori Hobson

Exact Position Title hourly support staff

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	4			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	1			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	3			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2			

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Employee Signature [Signature] Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

Nocccd
District

Fellerton College AIR
Department/Location

Peter Jimenez
Employee Name

Hourly support staff
Exact Position Title

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	2			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	1			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	2			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 [Signature] Date 05/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

BY: _____

NOCCCG
District

Financial Aid
Department/Location

L. White Jones
Employee Name

Clerical Assistant I
Exact Position Title

714 424-7099 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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Employee Signature [Signature]

Date 5-15-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min ^{1.00} 9:11

EFCW 1.7-3

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

District NOCCCD

Department/Location FC FIN AID

Employee Name Nancy Loren

Exact Position Title Coordinator

Telephone # 992-7050 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 Answering Questions regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 Receiving 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.	5			
Code 23 Evaluating Applications each application and verification documents for compliance with eligibility standards.	4			
Code 24 Incomplete Applications: notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 [Signature] Date 11/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

RECEIVED
DEC 28 2007
BY:.....

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

NPC000
District

FULLERTON COLLEGE - A&R
Department/Location

ELIZABETH LEDEZINA
Employee Name

ADMISSIONS TECH.
Exact Position Title

EXT-25197 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06, 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 [Signature] Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOC CD
District

A & R
Department/Location

Kim Luce-Jen
Employee Name

Evaluator
Exact Position Title

714 992-7574 Telephone # 12mo Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature Kim Luce-Jen Date 5/30/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 25 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCCCD Department/Location CC - Fin Aid
Employee Name Cheryl A. Lucero Exact Position Title Fin Aid Technician
Telephone # ext. 47117 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>2</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>1</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>1</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 Cheryl A. Lucero Date 05/15/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Fullerton College
Department/Location

Elizabeth Luciano
Employee Name

Hours Student Support
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1-2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Ø			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	Ø			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	Ø			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	Ø			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	Ø			

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Employee Signature Elizabeth Luciano Date 5-31-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

BY: _____

N.O.C.C.D
District
Leslie Mahoney
Employee Name

FC Bursar
Department/Location
Account Clerk Senior
Exact Position Title

Telephone # _____
12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	6			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	6			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	6			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	6			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	6			

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Employee Signature Leslie Mahoney Date 6-20-07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3
RECEIVED
 DEC 28 2007

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

BY:.....

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

District NOCCCD

Department/Location Admissions/Records Fullerton College

Employee Name Delores Martinez

Exact Position Title Admissions & Records Technician

Telephone # 714992-7577

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 Answering Questions regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 Receiving 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.	n/a			
Code 23 Evaluating Applications each application and verification documents for compliance with eligibility standards.	n/a			
Code 24 Incomplete Applications: notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/a			
Code 25 Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/a			
Code 26 Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Delores Martinez Date 5-31-07

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCED

Department/Location Bursar's Office

Employee Name John Miller

Exact Position Title Accounting Technician

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

714-992-7600 x28230 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 John Miller Date 5/3/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District
Erica Montana
Employee Name

Fullerton College
Department/Location
Student Support
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1-2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature Erica Montana Date 05/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD

Admissions & Records

District
Rena Negrete

Department/Location
Admission & Records Specialist

Employee Name

Exact Position Title

992-7789

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

Telephone #

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Rena Negrete Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location Fullerton College A&R

Employee Name Encuilla Olivas

Exact Position Title Admin Student Support

Telephone # 714)402-4608 Work year length (circle) 12mo/11mo/10mo/9mo

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature EOlivas

Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

4.06
9111

EFCW 1.7-3

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

District NJCCCD Department/Location FC FIN AID
 Employee Name Estefane Dropeza Exact Position Title Technician
 Telephone # 992-7050 Fiscal Year: 05-06 06-07 07-08
 Work year length(circle) 12mo/11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	4			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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Employee Signature Estefane Dropeza Date 11/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD

Admission & Records / Fullerton College

District

Department/Location

Padilla, Jayme

EVALUATOR

Employee Name

Exact Position Title

714) 992-7000
Ext. 25194

Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year:

05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 [Signature]

Date 6/1/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCCCD

Department/Location STUDENT SERVICES
BURSAR'S OFFICE / 2000 BLDG

Employee Name LINH QUAN

Exact Position Title ACCOUNTING SPECIALIST

Telephone # 714-992-7555 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Linh Quan Date 5/3/07

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCO
District

Admissions & Records
Department/Location

Denise Reid
Employee Name

ATR Tech
Exact Position Title

x25195 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Denise Reid Date 5/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

No CCC D

Financial Aid Office - Cypress

District

Department/Location

Alan Raza

Financial Aid Specialist

Employee Name

Exact Position Title

(714) 484-7114 ext. 7

12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

Telephone #

Work year length(circle)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	7			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	8			

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Employee Signature Alan Raza

Date 5/15/07

If you have any questions, please contact Alan Raza, at (714) 484-7114 ext 7

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District Nocced
Employee Name Azar Saghaei

Department/Location Fullerton College A&R
Exact Position Title Hourly support staff

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>1</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>2</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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Employee Signature Azar Saghaei Date 05/31/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

District NOCCCD
 Employee Name Rebeca SANDOVAL

Department/Location Fin. Aid
 Exact Position Title Financial Aid Specialist

Telephone # _____
 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>2</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>1</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>1</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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Employee Signature Rebeca Sandoval Date 5/15/07
 If you have any questions, please contact Rebeca Sandoval at (714) 484-7119
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 1 minute

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

NOCCCD
District

Financial Aid/Cypress College
Department/Location

Jeanne Thompson
Employee Name

Student Services Technician
Exact Position Title

484-7000x45013 (12mo) 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	n/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	n/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	n/A			

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Employee Signature Jeanne Thompson Date 5/17/07

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

RECEIVED
DEC 28 2007

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

No CCD
District

Fin Aid / Cypress
Department/Location

Kimberly Tran
Employee Name

Financial Aid Teh
Exact Position Title

X 48120
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	1			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	4			

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Employee Signature Kimberly Tran Date 5-16-07

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min ^{7.06} _{9:11}

EFCW 1.7-3

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

District NOCCCD Department/Location FC FIN AID
 Employee Name Fatima Villegas Exact Position Title Technical
 Telephone # 992-7050 Fiscal Year: 05-08 06-07 07-08
 Work year length(circle) 12mo/11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	4			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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Employee Signature Fatima Villegas Date 11/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source	Totals								
		98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
EFC 1	1.8-1 1. Enrolled Students	81,052	80,935	88,893	88,897	83,317	76,868	78,803	77,505	83,159
EFC 2	1.8-1 2. Paid Enrollment fees	71,116	71,133	78,391	78,141	71,431	64,723	64,582	63,351	68,239
EFC 3	1.8-1 3. Exempted from enrollment fees (BOGG, etc.)	9,936	9,802	10,502	10,756	11,886	12,145	14,221	14,154	14,920
EFC 4	1.8-2 1. Delinquencies collections	Client not able to provide. Pre-Banner Term.			47	262	377	402	423	589
EFC 5	1.8-2 2. Refunds	Client not able to provide. Pre-Banner Term.			3,599	4,298	4,402	4,260	4,260	4,843
EFW 6	1.8-3 1. Waivers Requested	X	9,802	10,502	18,832	17,683	20,762	22,058	24,901	30,300
EFW 7	1.8-3 2. Waivers Approved	X -	9,802	10,502	18,014	16,785	18,539	20,806	22,881	28,003
EFW 8	1.8-3 (1-2) Waivers Denied	X	0	0	818	898	2,223	1,252	2,020	2,297

Conclusion: Findings will go forward to the Schedule 1A and 1B.

*EFC/EFW Workload Multiplier

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

308/95 ENROLLMENT FEE COLLECTION AND WAIVER ENROLLMENT STATISTICS REPORT

RECEIVED
DEC 28 2007

District: North Orange County CCD

BY: _____

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Number of students enrolled each fiscal year. (Not FTE's)			
Summer		<i>Please see attached</i>	
Fall			
Winter/ Intersession			
Spring			
Total			
2. Number of students who paid enrollment fees:			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			
3. Number of students exempted from paying enrollment fees (BOGG, etc):			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total		✓	

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: *Kashu Vyas* Date 12/14/07

Kashu Vyas Accounting Specialist
Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	2006	13,040	20,142
Spring	2007	12,876	19,464
Summer	2007	6,989	10,648
Totals 2006-07		32,905	50,254

Not yet available on the CCCO website
(took info from Banner)

83159 total

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
2006-07		26,424	41,815

68,239 total

1.8-1
Cypress
211
0
13,040
12,876
6,989
32,905

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals

Source: Banner

NOTE: CCCO Website no longer presents the unique counts for BOG.

Since we took this from Banner, we are presenting the total of Fall 2006, Spring 2007

2007 below, which is consistent with our academic year info in Banner.

Academic Year	Cypress	Fullerton
2006-07	6,481	8,439

14,920 total

Fullerton
#1
0
20,142
19,464
10,648
50,254

#1 total
30,254
32,905
83,159

#2
0
13,040
12,876
6,989

DE

BY:

#3
6,481
8,439
14,920

308/95 ENROLLMENT FEE COLLECTION AND WAIVER ENROLLMENT FEE WORKLOAD STATISTICS REPORT

RECEIVED
DEC 28 2007

District: North Orange County CCD

BY:

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Number of enrollment fee accounts receivable requiring collection:			
Summer		<i>please see attached</i>	
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility			
Summer			
Fall			
Winter/Intersession			
Spring			
Total		✓	

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: *K. Vyas* Date 12/14/07

Kashu Vyas
Employee Name: (print)

Accounting Specialist
Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1. NOTE: Only have annual totals
Source: Banner a/o 7/6/06

Academic Year	Cypress	Fullerton
Fall 2006	14	9
Spring 2007	162	167
Summer 2007	108	129

589

to total

RECEIVED
DEC 28 2007

BY:

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2. NOTE: Only have annual totals
Source: Banner

Term	Cypress & Fullerton Combined
------	------------------------------

Fall 2006	2,393
Spring 2007	1,613
Summer 2007	837

4843 total

1.8-2

#1

0	0
14	+
162	+
108	+
234	+
9	+
167	+
129	+
589	*
0	0
2,393	+
1,613	+
837	+
4843	*

#2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS RECEIVED
ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT DEC 28 2007

District: North Orange County CCD

BY:

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Number of enrollment fee waivers requested (BOGG etc.)			
Summer		<i>please see attached</i>	
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee waivers approved (BOGG, etc.)			
Summer			
Fall			
Winter/Intersession			
Spring			
Total		✓	

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: *K. Vyas* Date 12/14/07

Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

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6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
Source: Banner

Academic Year	Cypress	Fullerton	
2006-07	13,138	17,162	<i>total = 30,300</i>

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
Source: Banner

Academic Year	Cypress	Fullerton	
2006-07	12,023	15,980	<i>= 28,003</i>

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton	
2006-07	1,115	1,182	<i>= 2297</i>

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1.8-3

<i>#1</i>	13,138	+
	17,162	+
	30,300	*
<hr/>		
<i>#2</i>	12,023	+
	15,980	+
	28,003	*
<hr/>		
<i>#3</i>	1,115	+
	1,182	+
	2,297	*

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2006-07 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

DISTRICT: North Orange County
COUNTY: Orange

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU MAY 2007	JUNE PAYMENT	TOTAL PAID THRU JUNE 2007
GENERAL APPORTIONMENT	\$85,573,737	\$74,595,191	\$5,580,932	\$80,176,123
ENROLL FEE ADMIN (2%)	133,267	122,605	10,662	133,267
APPRENTICE ALLOWANCE	23,814	22,356	1,458	23,814
BASIC SKILLS	1,475,669	0	1,475,669	1,475,669
S.F.A.A.	949,126	873,196	75,930	949,126
E.O.P.S.	2,331,067	2,144,581	186,486	2,331,067
C.A.R.E.	293,614	270,125	23,489	293,614
D.S.P.S.	2,451,638	2,255,507	196,131	2,451,638
STATE HOSPITALS	0	0	0	0
CALWORKS	728,771	641,490	87,281	728,771
MATRICULATION (CREDIT)	1,639,432	1,508,278	131,154	1,639,432
MATRIC. (NONCREDIT)	1,476,990	1,358,830	118,160	1,476,990
FAC. & STAFF DIVERSITY	30,998	28,518	2,480	30,998
PART-TIME FAC. ALLO.	1,561,487	1,436,568	124,919	1,561,487
PART-TIME FAC. OFF. HRS	551,165	0	551,165	551,165
PART-TIME FAC. INS.	9,594	0	9,594	9,594
TELECOMMUNICATIONS	104,511	67,523	36,988	104,511
PLANT & INSTRUCTIONAL	381,854	351,305	30,549	381,854
SCHDL. MAINT. & REPAIR	381,889	351,338	30,551	381,889
TANF	133,246	122,587	10,659	133,246
ECON. DEVELOPMENT	1,994,907	1,464,883	210,839	1,675,722
<hr/>				
NURSING EDUCATION	297,812	94,661	203,151	297,812
PARTNER	0	0	0	0
CHILDCARE TAXBAILOUT	0	0	0	0
PRIOR YEAR CORRECTION	784,148	784,148	0	784,148
ONE TIME FUNDS				
TRANSITION PAYMENT	231,456	201,938	29,518	231,456
TRANS. & ARTIC. -REAPPR	10,000	10,000	0	10,000
GEN. PURPOSE -REAPPROP	677,900	677,900	0	677,900
BASIC SKILLS -REAPPROP	1,365,380	1,365,380	0	1,365,380
CAR. TECH. TRAILER BIL	1,207,260	1,207,260	0	1,207,260
GEN. PUR. TRAILER BILL	2,361,831	2,361,831	0	2,361,831
INST. MATERIAL TRAILER	1,425,183	1,425,183	0	1,425,183
SCHLD.MAINT. TRAILER B	1,425,183	1,425,183	0	1,425,183
FACULTY STAFF DEV	151,711	151,711	0	151,711
=====				
TOTAL	\$112,164,640	\$97,320,076	\$9,127,765	\$106,447,841

FISCAL SERVICES:06/22/07 44056.037 12:14 PM:EM

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Schedule 5
 North Orange County Community College District
 308/95 Enrollment Collection and Waivers
 Fiscal Years: 1999-00 through 2006-2007
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
 Source: EFCW 1.8-4 and attachments from district office.
 Findings:

Source	Item	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
1.8-4 line 3	Net Revenue Received	Not provided by	\$ 5,057,532	\$ 5,128,876	\$ 5,126,940	\$ 7,598,920	\$ 10,757,786	\$ 10,559,678	\$ 9,725,281
p/E.C. 76300 (c)	2% of Revenue Rec'd.	Client	\$ 101,151	\$ 102,578	\$ 102,539	\$ 151,978	\$ 215,156	\$ 211,194	\$ 194,506
This data is for comparison with CCCC 2% calculation directly below.									
1.8-4 line 4A	Enrollment Fees Waived	\$ 3,110,245	\$ 3,176,990	\$ 1,922,055	\$ 2,504,265	\$ 3,820,034	\$ 6,359,607	\$ 6,248,006	\$ 5,515,776
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192	\$ 124,960	\$ 110,316
(Line 4A X 7%) (99-00 only)	7% of Fees Waived (99-00 only)	\$ 217,717	For 00-01 through 05-06 - unit fee						
1.8-4 line 5	Summer Fall			90,175	98,661	95,215	110,382	111,954	\$ 112,356
	Fall Spring			98,476	95,586	96,382	110,925	107,898	\$ 108,024
	Winter/Interssion								
	Spring Summer			15,952	13,488	17,086	18,034	18,438	\$ 20,088
	Total # of credits		288,818	204,603	207,735	208,683	239,341	238,290	240,468
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	\$ 216,844	\$ 218,826
Summary									
1.8-4 line 4B.	2% of Fees Waived	\$ 62,205	\$ 63,540	\$ 38,441	\$ 50,085	\$ 76,401	\$ 127,192	\$ 124,960	\$ 110,316
(Line 4A X 7%)	7% of Fees Waived (99-00 only)	\$ 217,717							
1.8-4 5	Credit Units Waived		\$ 262,824	\$ 186,189	\$ 189,039	\$ 189,902	\$ 217,800	\$ 216,844	\$ 218,826
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 279,922	\$ 326,364	\$ 224,630	\$ 239,124	\$ 266,303	\$ 344,992	\$ 341,804	\$ 329,142

**308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE REVENUES REPORT**

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District: North Orange County CCD

BY: _____

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Enrollment Fees Collected	\$	\$ <i>please see attached</i>	\$
2. Enrollment Fees Refunded	\$	\$ <i>please see attached</i>	\$
3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$ <i>please see attached</i>	\$
4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$
5 Number of credit units for which enrollment fees were waived.			
A. Summer			
B. Fall			
C. Winter/Intersession			
D. Spring			
TOTAL x \$0.91 per credit			<i>✓</i>

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: *K. Vyas* Date 12/14/07

Kashu Vyas Accounting Specialist
Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A
 Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2006-07 2,257,290 3,258,486 CCCO Website presents the year as Summer - Spring

total 5,515,776

Banner presents the year as Fall - Summer. This is the info I used in calculaing the answers for Items 9 - 11 above.

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall 2006 1,215,669 1,705,561
 Spring 2007 886,000 1,274,480

Summer 2007 158,090 243,660

Totals 2006-07 2,259,759 3,223,701

5,483,460 total

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BY:

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5
 Source: Banner

Academic Year	Cypress	Fullerton
---------------	---------	-----------

Fall 2006 46,757 65,599 =
 Spring 2007 44,300 63,724 =
 Summer 2007 7,905 12,183 =

98,962 141,506
total 240,468

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2006-07 2,257,290 3,258,486 CCCO Website presents the year as Summer - Spring

total 5,515,776

Banner presents the year as Fall - Summer. This is the info I used in calculating the answers for Items 9 - 11 above.

Source: Banner

Term	Yr.	Cypress	Fullerton
------	-----	---------	-----------

Fall 2006 1,215,669 1,705,561
 Spring 2007 886,000 1,274,480

Summer 2007 158,090 243,660

Totals 2006-07 2,259,759 3,223,701

5,483,460 total

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 DEC 28 2007

BY:

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Academic Year	Cypress	Fullerton
---------------	---------	-----------

Fall 2006 46,757 65,599 =

Spring 2007 44,300 63,724 =

Summer 2007 7,905 12,183 =

98,962 141,506
total 240,468

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2006-07 3,506,509 6,175,023 = *total* 9,681,532

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BY:.....

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees.

NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

**

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2006-07 754,447 1,271,194 = 2,025,641

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
---------------	---------	-----------

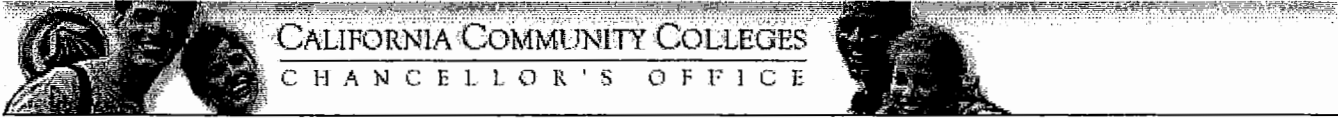
2006-07 3,526,495 6,198,786 = 9,725,281

total fees collected
3,506,509 +
6,175,023 +
9,681,532 *

total fees refunded
754,447 +
1,271,194 +
2,025,641 *

total
3,526,495 +
6,198,786 +
9,725,281 *

net enroll fee



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2006-2007**

Data Current As Of December 28, 2007 03:59:09

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	125	43,592
BOGW - Part B based on income standards	3,251	1,045,987
BOGW - Part C based on financial need	2,793	1,167,711

total 6169

Total Amount = \$ 2,257,290

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Headcount

<i>6169</i>	<i>Cypress</i>	<i>2,257,290</i>
<i>8251</i>	<i>FULLERTON</i>	<i>3,258,486</i>
<i>14420</i>	<i>total</i>	<i>5,515,776</i>

total headcount

0	C
6,169	+
8,251	+
14,420	*

total

0	C
2,257,290	+
3,258,486	+
5,515,776	*

Cypress Financial Aid Headcount

0	C
0	C
125	+
3,251	+
2,793	+
6,169	*



Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2006-2007**

Data Current As Of December 28, 2007 03:59:21

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	99	36,092
BOGW - Part B based on income standards	4,391	1,497,205
BOGW - Part C based on financial need	3,761	1,725,189

Total Amount = \$ 3,258,486

[Back to Top of Page](#)

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*Fullerton
FA
Headcount*

99	+
4,391	+
3,761	+
8,251	*

Schedule 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.
 Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5
 Findings:

ref	Item	Source (EFCW-1)	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
2	Staff Training	(04)(B)(1)(b)	\$ 251.20	\$ 253.20	\$ 277.44	\$ 316.96	\$ 306.40	\$ 332.96		\$ 388.56
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
4	Waiving student fees	(04)(B)(2)(b)	\$ 120,363.31	\$ 150,225.40	\$ 285,123.46	\$ 267,027.01	\$ 326,671.60	\$ 331,116.92	\$ 466,102.48	\$ 279,745.12
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 2,260.80	\$ 2,278.80	\$ 2,496.96	\$ 2,852.64	\$ 2,757.60	\$ 2,996.64	\$ 3,415.68	\$ 3,497.04
6	EFCW - Fee Waiver Costs	Total	\$ 122,875.31	\$ 152,757.40	\$ 287,897.86	\$ 270,196.61	\$ 329,735.60	\$ 334,446.52	\$ 469,518.16	\$ 283,630.72
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 279,922.00	\$ 326,364.00	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 344,992.00	\$ 341,804.00	\$ 329,142.00
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (157,046.69)	\$ (173,606.60)	\$ 63,267.86	\$ 31,072.61	\$ 63,432.60	\$ (10,545.48)	\$ 127,714.16	\$ (45,511.28)
	Offset Amount to Claim	To EFCW -1, line 10	\$ 122,875.31	\$ 152,757.40	\$ 224,630.00	\$ 239,124.00	\$ 266,303.00	\$ 334,446.52	\$ 341,804.00	\$ 283,630.72

Conclusion: If line 8 is negative, then line 6-"Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7-"Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

Schedule 6
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2006-2007
Student Headcount Summary

Purpose: To calculate student headcount.

Source: California Community Colleges Chancellor's Office website.

Findings:

College	Term	Headcount
Cypress	Summer	4720
	Fall	13040
	Spring	12876
Fullerton	Summer	8604
	Fall	20142
	Spring	19464
		78,846



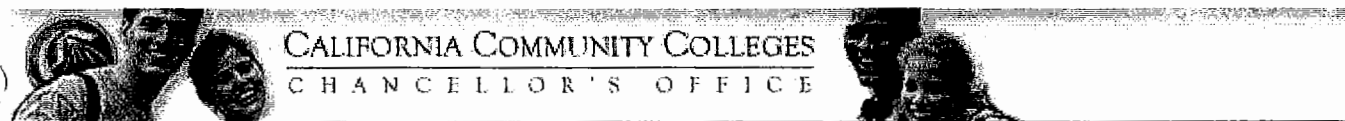
Student Demographics

Student Total Headcount For Cypress For 2006 Fall Term

Data Current As Of December 28, 2007 03:57:05

Total Headcount	13,040
------------------------	--------

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Student Demographics

Student Total Headcount For Cypress For 2007 Spring Semester

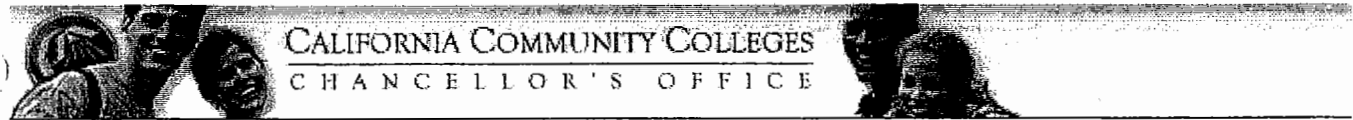
Data Current As Of December 28, 2007 03:56:51

Total Headcount	12,876
------------------------	--------

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Friday, D



Student Demographics

Student Total Headcount For Cypress For 2006 Summer Term

Data Current As Of December 28, 2007 03:57:12

Total Headcount	4,720
------------------------	--------------

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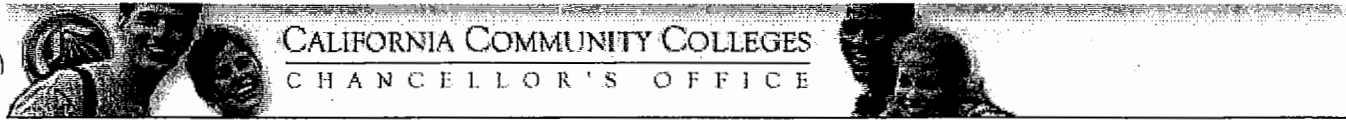
Student Demographics

Student Total Headcount For Fullerton For 2006 Fall Term

Data Current As Of December 28, 2007 03:57:41

Total Headcount	20,142
------------------------	--------

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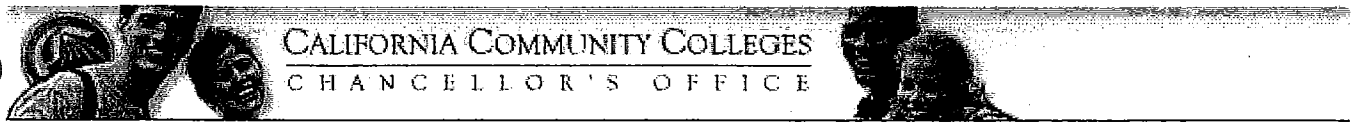


Student Demographics

Student Total Headcount For Fullerton For 2007 Spring Semester Data Current As Of December 28, 2007 03:57:55

Total Headcount	19,464
------------------------	--------

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Student Demographics

Student Total Headcount For Fullerton For 2006 Summer Term

Data Current As Of December 28, 2007 03:57:27

Total Headcount	8,604
------------------------	--------------

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Community College District
Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07
Allan Hancock Joint CCD	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	30.33
Cerritos CCD	FAM-29C	39.30	40.33	32.78	31.58	29.26	28.16	34.11	30.68	29.17
Citrus CCD	FAM-29C	51.75	44.86	44.70	45.74	41.72	45.53	40.58	40.60	41.95
Contra Costa CCD	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.80	32.80
El Camino CCD	FAM-29C	39.18	41.40	37.55	36.24	30.38	29.10	35.22	35.02	32.00
Foothill-De Anza CCD	FAM-29C	28.67	30.09	31.67	35.50	32.28	31.11	29.66	28.90	29.69
Gavilan CCD	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	36.45
Glendale CCD	FED rate					45.00	45.00	45.00	45.00	45.00
Glendale CCD	FAM-29C	39.13	38.41	38.15	34.20					
Kern CCD	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89	39.91	37.49
Los Rios CCD	FED rate								30.00	30.00
Los Rios CCD	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61	
Long Beach CCD	FAM-29C		36.80	37.27	38.71	35.01	33.40	32.33	33.86	32.70
Monterey Peninsula CCD	FAM-29C					34.91	38.94	43.85	32.29	34.62
North Orange County CCD	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	29.50
Palmdale CCD	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	26.35
Pasadena Area CCD	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80
Piedmont CCD	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	39.60
San Jacinto CCD	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94	34.02	38.69
San Bernardino CCD	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	45.3
San Mateo CCD	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Santa Monica CCD	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91	34.25	35.53
Sierra Joint CCD	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90	35.70	38.49
State Center CCD	FED rate							36.50	36.50	36.50
State Center CCD	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25		
Stor Valley CCD	FAM-29C	57.90	58.96	58.45	61.28	55.20	53.91	45.61	46.57	41.33
West Valley-Mission CCD	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80	37.57	38.86
West Kern CCD	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	34.87
Yosemite CCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88	36.38	32.23

CR taken from previously filed claims

Here are some more PHR's for people who submitted time surveys for the EFCW for 06/07 from the FC Financial Aid Office, who were not on the first PHR update request.

Name	Title	PHR
Oropeza, Elaine	FC Financial Aid - Technician	40.00
Garcia, Rosa	FC Financial Aid - Clerical Asst.	8.84
Abadzhyan, Susanna	FC Financial Aid - Technician	30.35
Aguirre, Maria	FC Financial Aid - Technician	34.51

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 06-07 and the missing rates for 05-06.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	Fiscal Years:	
		05-06	06-07
	AVERAGE ACCOUNTING TECH	\$ 31.14	\$ 37.17
	AVERAGE ADMINISTRATIVE ASSISTANT	\$ 37.85	\$ 44.93
HARTER, RENEE	AVERAGE BURSAR		\$ 64.55
	AVERAGE CLERICAL ASSISTANT		\$ 31.34
	AVERAGE COUNSELOR	\$ 89.22	\$ 77.60
	AVERAGE DEAN	\$ 90.73	\$ 91.34
	AVERAGE DIRECTOR	\$ 74.26	\$ 77.33
	AVERAGE EVALUATOR		\$ 39.44
	AVERAGE HOURLY SUPPORT STAFF		\$ 12.72
	AVERAGE INSTRUCTOR	\$ 65.91	\$ 70.85
	AVERAGE MANAGER	\$ 56.65	\$ 69.31
	AVERAGE TECHNICIAN		\$ 32.46
ADAMS, JESSICA	CC-CLERICAL ASSISTANT I	\$ 26.17	LEFT DISTRICT
AGUIRRE, MARIA	FINANCIAL AID TECHNICIAN	\$ 28.55	\$ 34.51
ALCARAZ, JOSE	FC-FINANCIAL AID TECHNICIAN	\$ 37.46	\$ 37.87
ALIBRANDI, LUCINDA	INSTRUCTOR	\$ 69.26	\$ 72.95
ALLEN-COURTNEY, AKILAH	CC-A&R RECORDS EVALULATOR SPECIALIST	\$ 42.20	\$ 46.94

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 06-07 and the missing rates for 05-06.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	Fiscal Years:	
		05-06	06-07
	AVERAGE ACCOUNTING TECH	\$ 31.14	\$ 37.17
	AVERAGE ADMINISTRATIVE ASSISTANT	\$ 37.85	\$ 44.93
	AVERAGE COUNSELOR	\$ 89.22	\$ 77.60
	AVERAGE DEAN	\$ 90.73	\$ 91.34
	AVERAGE DIRECTOR	\$ 74.26	\$ 77.33
	AVERAGE INSTRUCTOR	\$ 65.91	\$ 70.85
	AVERAGE MANAGER	\$ 56.65	\$ 69.31
ADAMS, JESSICA	CC-CLERICAL ASSISTANT I	\$ 26.17	LEFT DISTRICT
AGUIRRE, MARIA	FINANCIAL AID TECHNICIAN	\$ 28.55	\$ 34.51
ALCARAZ, JOSE	FC-FINANCIAL AID TECHNICIAN	\$ 37.46	\$ 37.87
ALIBRANDI, LUCINDA	INSTRUCTOR	\$ 69.26	\$ 72.95
ALLEN-COURTNEY, AKILAH	CC-A&R RECORDS EVALULATOR SPECIALIST	\$ 42.20	\$ 46.94
ALMARAZ, ARTURO	CC-A&R CLERICAL ASSISTANT-40%	\$ 25.07	\$ 32.95
ALTON, MEG	CC-A&R TECHNICIAN	\$ 27.43	\$ 30.90
AURE, R. ALLEN	FC-A&R TECHNICIAN	\$ 32.64	\$ 36.17
AYALA, JOHN	DEAN, LEARNING RESOURCES	\$ 62.92	RETIRED
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE	\$ 63.35	\$ 66.16

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
BARROW, LINDA	HR SPECIALIST	\$ 50.46	\$ 54.36
BARTLETT, KIM	DIRECTOR, DSPS	\$ 71.87	\$ 82.09
BASSLER, JENNIFER	FC-A&R HOURLY STAFF SUPPORT	\$ 10.71	\$ 11.18
BEARD, CLAUDIA	FC-BURSAR'S OFFICE-ACCOUNT CLERK II	\$ 34.66	\$ 37.42
BEELER, RON	DIST. DIRECTOR-FACILITIES	\$ 81.80	\$ 93.37
BEERS, SUSAN	DIVISION DEAN	\$ 85.40	\$ 94.27
BENNETT, BARBARA	INSTRUCTOR	\$ 53.84	\$ 58.53
BETTENDORF, PAM	ADMINISTRATIVE ASSISTANT	\$ 41.78	\$ 45.10
BOYD-DAILEY, NANCY	HR SPECIALIST	\$ 44.63	\$ 47.65
BRANDES, RAEANE	ACCOUNTING SPECIALIST	\$ 44.65	RETIRED
BRAULT, LORI (GAYLE)	DIRECTOR, HEALTH SERVICES	\$ 66.95	RETIRED
BROWN, KALETA	DIVISION DEAN	\$ 79.82	RETIRED
BURCHFIELD, JERRY	INSTRUCTOR	\$ 64.07	\$ 74.97
BURNS, KRIS	REGISTRAR	\$ 54.43	\$ 76.78
BURNS, MICHAEL	DIVISION DEAN RETIRED	\$ 155.47	RETIRED
BUSTOS, RAYMOND	FC-FINANCIAL AID TECHNICIAN	\$ 41.74	\$ 46.38
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	\$ 84.40	\$ 111.52
CALDERON, TENEZA, ROSELLE	CC-FINANCIAL AID TECHNICIAN	\$ 36.20	\$ 38.88
CANT, KAREN	DIRECTOR BUDGET/FINANCE	\$ 85.17	\$ 90.19
CARO, BARBARA	FC-A&R TECHNICIAN	\$ 40.56	\$ 43.94
CARRITHERS, JOE	INSTRUCTOR	\$ 64.51	\$ 71.41
CARTER, PATRICIA	CC-BURSAR'S OFFICE ACCOUNT-TECHNICIAN	\$ 34.33	\$ 51.90

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
CHAMBERS, TERRY	BENEFITS SPEC	\$ 36.09	\$ 40.06
CLARK, ANTIONESE new name coming	C-A&R SPECIALIST	\$ 31.07	\$ 33.66
COBB, KEITH	CC-DIRECTOR FINANCIAL AID	\$ 56.16	\$ 62.32
CORDELL, BRUCE	DEAN, NATURAL SCIENCE	\$ 72.96	\$ 80.91
COTTER, SANDRA	EXECUTIVE ASSISTANT	\$ 51.79	\$ 54.73
COURCHAIINE, JEFFERY	INSTRUCTOR/INTERM DEAN	\$ 86.43	LEFT DISTRICT
CRAIG, DALE	INSTRUCTOR	\$ 67.22	\$ 85.58
CRUZ, CARRIE	FC-CLERICAL ASSISTANT	\$ 28.62	\$ 31.20
DAIN, CLAUDETTE	DIRECTOR, FISCAL AFFAIRS	\$ 71.81	\$ 85.66
DAXON, REGINA (FORMLY HITCHCOCK)	INSTRUCTIONAL ASSISTANT, COMPUTER LAB	\$ 36.68	\$ 39.75
DEAN, BRIAN	CC-A&R TECHNICIAN	\$ 27.74	\$ 30.78
DeMARKEY, NINA	DIVISION DEAN	\$ 70.51	\$ 77.63
DIESENBRUCH, ROSEMARY	ACCOUNT TECH	\$ 30.75	\$ 36.32
DILLON, ANDREW	FC-A&R HOURLY STAFF SUPPORT	\$ 8.60	\$ 10.93
DO, DAO	OFFICE COORDINATOR	\$ 35.61	\$ 44.50
DONLEY, STEVEN	DIVISION DEAN	\$ 88.73	\$ 96.03
DONOVAN, LEXI	MANAGER CAMPUS ACCOUNTING	\$ 62.94	LEFT DISTRICT
DOOLY, GEORGE	COUNSELOR	\$ 70.66	\$ 77.60
DUNCAN, STEVE	DIST DIR HR	\$ 87.09	\$ 96.00
EALY, SARA	FC-A&R HOURLY OFFICE CLERK	\$ 9.34	\$ 9.23
EDWARDS, ARNETTE	CC-FINANCIAL AID TECHNICIAN	\$ 36.82	\$ 42.20
EISENHUT, LINDA	DIST MGR BENEFITS	\$ 27.88	RETIRED

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
ENTEZAMPOUR, MO	DIVISION DEAN, SCIENCE, ENGINEERING & MATH (LEFT DISTRICT 6/30/07)	\$ 86.27	\$ 107.28
FELIX, ANA	FC-A&R SPECIALIST	\$ 48.96	\$ 49.31
FILIPPI, GEOVANI	CC-A&R CLERICAL ASSISTANT	\$ 10.22	\$ 26.53
FISHMAN, DARLENE	DIRECTOR NURSING	\$ 74.61	\$ 78.78
FITZGERALD, COLLEEN	FC-A&R HOURLY TECHNICIAN	\$ 12.57	\$ 13.50
FLORES-CHURCH, ADRIANNA	ADMIN SUPP MGR HR-TERM 2/21/06	\$ 51.46	LEFT DISTRICT
FONG, PETER	DEAN, ADMISSIONS/RECORDS	\$ 84.01	\$ 93.05
FORD, REGINA	CC-A&R REGISTRAR	\$ 54.88	\$ 67.30
FOSTER, PATRICIA	FC-A&R OFFICE COORDINATOR	\$ 52.84	\$ 58.76
FRANKS, JOE	INSTRUCTOR	\$ 62.26	\$ 67.78
FUNAOKA, LISA	FC-A&R TECHNICIAN	\$ 29.96	\$ 33.72
GABEL, ANN-MARIE	HOURLY PFE	\$ 38.71	LEFT DISTRICT
GAMBOA, JORGE	PROGRAM ASSISTANT/ESL	\$ 47.89	\$ 52.82
GILES, ERNICE	CC-A&R EVALUATOR	\$ 29.78	LEFT DISTRICT
GISKA, MARY LOU	CC DIRECTOR HEALTH SERVICES	\$ 57.67	\$ 60.58
GLATTY, MARILYN	DIVISION DEAN, FINE ARTS	\$ 87.57	\$ 97.72
GOMBER, LISA	ADMINISTRATIVE ASSISTANT	\$ 44.69	\$ 49.60
GREENHALGH, MARK	INSTRUCTOR	\$ 72.05	\$ 84.05
GREIN, CYNDI	MANAGER, CAMPUS ACCOUNTING	\$ 47.08	\$ 56.28
GRIMES, KELLY	REOPS PROGRAM COORDINATOR	\$ 65.17	\$ 51.91
GUZMAN, ELIZABETH	FC-A&R TECHNICIAN	\$ 34.54	\$ 38.66
HA, JACKIE	CC-FINANCIAL AID TECHNICIAN	\$ 42.07	\$ 42.35

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
HANNON, ANDREA	DIV DEAN HEALTH SERVICES	\$ 83.80	\$ 92.67
HARTER, RENIE	CC-BURSAR'S OFFICE-MANAGER, CAMPUS ACCTING	\$ 67.46	\$ 71.89
HEBSON, CHRIS	IT SPEC., SYSTEMS ANALYST	\$ 55.54	\$ 61.12
HENRY, DIANE	DIVISION DEAN	\$ 84.70	\$ 92.67
HENRY, KEVIN	CC-BURSAR'S OFFICE-CASHIER/REGISTRATION-HRLY	\$ 8.57	\$ 10.49
HERRERA, EDGAR ALEX	INSTRUCTOR	\$ 60.02	\$ 68.38
HORSLEY, JEFF	VICE CHANCELLOR HR	\$ 122.16	\$ 134.50
HUBBARD, VANIETHIA	PROGRAM ASSISTANT/OAP	\$ 47.55	\$ 47.72
HUNTER, JEROME	CHANCELLOR	\$ 145.81	\$ 151.07
JAY, PAULA	ADMIN ASSISTANT	\$ 24.10	RETIRED
JENSEN, BOB	DEAN, FINE ARTS	\$ 77.63	\$ 88.54
KANAAN, JIHAD (JAY)	CC-BURSAR'S OFFICE-ACCOUNT TECHNICIAN	38.12	\$ 41.26
KASLER, MIKE	EXECUTIVE VICE PRESIDENT	\$ 96.92	\$ 110.55
LAM, TINA	FC-FINANCIAL AID TECHNICIAN (LEFT DISTRICT 7/27/06)	\$ 32.03	\$ 28.72
LARSEN, DENISE	PROGRAM ASSISTANT/DSPS	\$ 49.58	\$ 62.66
LARSON, NANCY	FC-FINANCIAL AID OFFICE COORDINATOR	\$ 47.44	\$ 48.57
LEDEZMA, STEPHEN	FC-A&R HOURLY	\$ 10.68	\$ 11.28
LEE, PAT	DIST MGR PAYROLL	\$ 60.27	\$ 73.77
LEOPOLD, MAUREEN	CC-BURSAR'S OFFICE ACCOUNTING SPECIALIST	45.06	\$ 97.28
LEWIS, MARJORIE	PRESIDENT- CYPRESS COLLEGE (retired 7/1/06)	\$ 125.71	\$ 152.58
LEYSON, ELIZABETH	INTERIM EXEC VP (3/1/07 to 6/30/07)	\$ 68.01	\$ 106.00
LUSCH, ROD	SKILLED MAINTAINANCE MECH	\$ 46.05	\$ 50.48

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
LUVIANO, ELIZABETH	FC-A&R HOURLY OFFICE CLERK	\$ 8.55	\$ 10.41
MAERTENS, TINA	CC-A&R-CLERICAL ASSISTANT I	20.6	\$ 32.62
MAHONEY, LESLIE	FC-BURSAR'S OFFICE-ACCOUNT CLERK II	34.65	\$ 37.13
MARTINEZ, MONICA	FC-A&R HOURLY TRANSCRIPT CLERK	\$ 9.39	\$ 10.42
MATTSON, CAROL	DEAN	\$ 70.10	\$ 79.26
McALPIN, KENNETH	MGR/ MAINTENANCE & OPS	\$ 49.60	\$ 56.65
McCLOUD, EDWARD	INSTRUCTOR	\$ 69.04	\$ 76.69
McGUIRE, GARY	PROVOST	\$ 119.10	\$ 131.22
MEINERT, SARAH	CC-BURSAR'S OFFICE	25.88	\$ 16.11
MELELLA, LAURA	INSTRUCTOR	\$ 63.41	\$ 70.91
MENCHACA, JESUS	FC-A&R HOURLY CLERK	\$ 7.94	LEFT DISTRICT
MILLER, JOHN	FC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAN	34.33	\$ 37.17
MIRANDA, ALBERT	DIRECTOR, PHYSICAL PLANT/ FACILITIES	\$ 83.81	\$ 92.34
MIRANDA, BOB	DIRECTOR FINANCIAL AID	\$ 71.50	\$ 75.84
MIRANDA, MIGUEL	FACILITIES COORDINATOR	\$ 26.65	\$ 35.42
MONTANO, DIANE	MANAGER, CHILD CARECENTER	\$ 51.88	\$ 55.19
MONTENEGRO, CHRISTY	CC-A&R TECHNICIAN	31.14	\$ 35.65
MOORE, MIKE	INSTRUCTOR	\$ 65.79	\$ 71.80
MOORE, SALLY	INSTRUCTOR (deceased 11/11/06)	\$ 64.75	\$ 67.64
MORALES, LISA	CC-BURSAR'S OFFICE-ACCOUNT TECHNICIAN	36.92	\$ 41.42

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
MORGAN, ROBERT	FACILITIES CUSTODIAN II	\$ 20.95	\$ 34.24
MOSLEY, AMELIA	CC-A&R CLERICAL ASSISTANT	29.85	\$ 31.00
NEGRETE, RENA	FC-A&R SPECIALIST	\$ 32.76	\$ 41.98
NELSON, JANICE	BUSINESS OFFICE SPECIALIST	\$ 44.24	\$ 48.98
NERI, AURIA	CC-A&R HOURLY STUDENT	8.46	NO WORK IN 06-07
NGUYEN, DUSTIN TUAN	CC-A&R SPECIALIST	37.85	\$ 42.79
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHNL	\$ 78.63	\$ 83.76
NOVISOFF, ANNA	ADMIN ASSISTANT	\$ 45.11	\$ 48.81
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	\$ 87.21	\$ 92.93
OROPEZA, ELAINE	FC-FINANCIAL AID TECHNICIAN	\$ 43.71	\$ 44.76
PALMER, SANDRA	EXEC ASSISTANT	\$ 48.51	\$ 51.73
PARISI, TOM	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 84.72	\$ 93.70
PATAKAS, JOHN (BRADSHAW)	FC-A&R TECHNICIAN	\$ 27.09	\$ 30.35
PEREZ, JENNIFER	PUBLIC INFO OFFICER	\$ 50.43	
PEREZ, RICK	DEAN, COUNSELING/STUDENT DEVELOPMENT	\$ 87.29	LEFT DISTRICT
PFEIFFER, JODY	ADMINISTRATIVE ASSISTANT	\$ 18.33	LEFT DISTRICT
PHILLIPS, JIM	INSTRUCTOR	\$ 63.88	\$ 67.11
PIERCE, RITA	PROGRAM ASSISTANT	\$ 49.49	\$ 58.54

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
PORTOLAN, JANET	VP, EDUCATION SUPPORT & PLANNING	\$ 84.40	\$ 100.15
POSNER, MARC	PUBLIC INFORMATION OFFICER	\$ 52.59	\$ 67.97
PURTELL, VALENTINA	MANAGER - SCE ESL, SPEC ED PROGRAM	\$ 58.39	\$ 66.62
QUAN, LINH	FC-BURSAR'S OFFICE-ACCOUNTING SPECIALIST	\$ 36.30	\$ 39.92
RAMIREZ, JORGE	DEAN STUDENT SUPPORT SERVICES	\$ 169.20	LEFT DISTRICT
RAMIREZ, RICHARD	DEAN STUDENT SERVICES	\$ 87.78	\$ 112.24
RAMOS, AMANDA	CC-A&R CLERICAL ASSISTANT	25.08	\$ 28.33
RAUBOLT, JACK	DISTRICT DIRECTOR INFO SERVICES	\$ 159.43	RETIRED
REHA, DELORES	INSTRUCTOR	\$ 61.14	\$ 65.47
REYES, ELIZABETH	CC-A&R HOURLY STUDENT	8.49	\$ 11.46
REZA, ALAN	CC-FINANCIAL AID TECHNICIAN	\$ 32.27	\$ 44.49
RICCI, JOYCE	INTERIM DEAN, COUNSELING & STUD. DEV. (LEFT DISTRICT 6/30/07)	\$ 68.34	\$ 76.13
RODGERS, CAROLANNE	INSTRUCTOR	\$ 68.27	\$ 74.76
RODRIGUEZ, DAISY	CC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAL	\$ 13.68	\$ 24.16
SALCEDO, DANIEL	FC-CLERICAL ASSISTANT I	\$ 29.24	\$ 30.57
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT	\$ 53.07	\$ 57.83
SANDOVAL, REBECA	CC-FINANCIAL AID TECHNICIAN	\$ 42.20	\$ 38.93
SAUCEDO, ESTHER	HR SPECIALIST	\$ 47.21	\$ 49.93

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

Name	Title	Fiscal Years:	
		05-06	06-07
THOMAS, CONNIE	EXEC ASSISTANT	\$ 55.17	\$ 61.86
TORRES-GUTIERREZ, MARTHA	MANAGER	\$ 60.07	\$ 71.28
TRAN, KIMBERLY	CC-FINANCIAL AID TECHNICIAN	\$ 34.74	\$ 36.86
DRAKE, DONORAN	CC-A&R CLERICAL ASSISTANT (left district 3/27/07)	25.01	\$ 31.41
TRUONG, PHUC	CLERICAL ASSISTANT	8.46	\$ 10.90
TUSHLA, NICOL	FC-A&R EVALUATOR	\$ 38.37	\$ 41.59
VILLEGAS, FATIMA	FC-CLERICAL HOURLY ASSISTANT	\$ 20.01	\$ 28.53
VYAS, KASHU	ACCOUNTING SPECIALIST	\$ 28.55	\$ 40.45
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY	\$ 64.28	\$ 71.16
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	\$ 78.58	\$ 83.67
WASSENAAR, DAVE	DIVISION DEAN, A&R	\$ 83.94	\$ 92.83
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	\$ 72.74	\$ 75.91
WICKS, LORRAINE	MANAGER, SCE SENIORS PROGRAM	\$ 67.75	\$ 80.26
WILLIAMS, FRED	VICE CHANCELLOR, FISCAL SERVICES	\$ 111.02	\$ 117.77
WILLOUGHBY, DAN	DIVISION DEAN, HUMANITIES	\$ 91.87	\$ 93.70
WILSON, MARCUS	INSTRUCTOR	\$ 70.72	\$ 73.01
YOUNG, ELDON	DEAN, LANGUAGE ARTS	\$ 84.72	\$ 93.70
ZANDY, BEN	INSTRUCTOR (RETIRED 5/26/07)	\$ 80.45	\$ 89.02

Six ten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 9, 2009

Claim File

CERTIFIED MAIL #7006 3450 0000 3941 8857

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
North Orange County Community College District CC30105

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for North Orange County Community College District's reimbursement claim listed below:

308/95 Enrollment Fee Collection and Waivers 2007-2008

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez

Six ten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 5, 2009

Claim File Copy

Kashu Vyas
North Orange County Community College District
1830 W. Romneya Drive
Anaheim, CA 92801-1819

Re: Claim for Signature

Enclosed for Claudette Dain's signature (in **BLUE INK**) is the claim for the Mandated Cost Program listed below:

308/95

Enrollment Fee Collection and Waivers

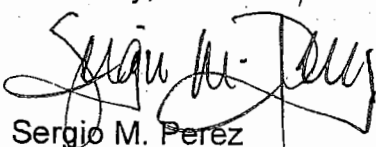
2007-2008

We have placed the original signature page (FAM-27) with a red signature arrow on top of the "Client's Copy" of the claim. If you are satisfied with the claim, please sign and date the "original" FAM-27 page and return it to us in the envelope provided.

Please keep the "Client's Copy" of the claim as your file copy. You will later receive for the claim: a full copy of the claim, including the signed copy of the FAM-27, and the forwarding letter to the SCO, plus a client letter indicating the amount claimed, probable payment receipt date, and the recommended deferral amount.

Give me a call if you have any questions.

Sincerely,


Sergio M. Perez

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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LABEL HERE

1) Claimant Identification Number: CC30105			Reimbursement Claim Data		
(02) Claimant Name		North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f) 75	
County of Location		Orange		(23) EFCW-1, (04)(A)(1)(b)(f) 4,526	
Street Address or P.O. Box		1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f) 1,366,670	
City	State	Zip Code		(25) EFCW-1, (04)(B)(1)(a)(f)	
Anaheim	CA	92801-1819			
Type of Claim	Estimated Claim		Reimbursement Claim		(26) EFCW-1, (04)(B)(1)(b)(f) 460
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f) 911,514
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	(29) EFCW-1, (04)(B)(2)(c)(f) 4,139
Fiscal Year of cost	(06)	(12)	2007-2008	(30) EFCW-1, (06) 30	
Total Claimed Amount	(07)	(13)	\$ 2,524,942	(31) EFCW-1, (07) 674,778	
Less : 10% Late Penalty, not to exceed \$10,000		(14)	\$.	(32) EFCW-1, (09) 102,049	
Less : Prior Claim Payment Received		(15)	\$.	(33) EFCW-1, (10) 335,172	
Total Claimed Amount		(16)	\$ 2,524,942	(34)	
Due from State	(08)	(17)	\$ 2,524,942	(35)	
Due to State		(18)		(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Claudette Dain 1/6/09

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

8) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
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LABEL HERE

(1) Claimant Identification Number: CC30105			Reimbursement Claim Data	
(02) Claimant Name North Orange County Community College District		(22) EFCW-1, (04)(A)(1)(a)(f)	75	
County of Location Orange		(23) EFCW-1, (04)(A)(1)(b)(f)	4,526	
Street Address or P.O. Box 1830 W. Romneya Drive		(24) EFCW-1, (04)(A)(2)(a)(f)	1,366,670	
City Anaheim	State CA	Zip Code 92801-1819	(25) EFCW-1, (04)(B)(1)(a)(f)	
Type of Claim (03) Estimated <input type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/>	Estimated Claim		Reimbursement Claim	
	(09) Reimbursement <input checked="" type="checkbox"/>	(26) EFCW-1, (04)(B)(1)(b)(f)	460	
	(10) Combined <input type="checkbox"/>	(27) EFCW-1, (04)(B)(2)(a)(f)		
	(11) Amended <input type="checkbox"/>	(28) EFCW-1, (04)(B)(2)(b)(f)	911,514	
(06) Fiscal Year of cost		(12) 2007-2008	(30) EFCW-1, (06)	30
(07) Total Claimed Amount		(13) \$ 2,524,942	(31) EFCW-1, (07)	674,778
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$	(32) EFCW-1, (09)	102,049
Less: Prior Claim Payment Received		(15) \$	(33) EFCW-1, (10)	335,172
Net Claimed Amount		(16) \$ 2,524,942	(34)	
(08) Due from State		(17) \$ 2,524,942	(35)	
(09) Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Claudette Dain 1/6/09

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

(8) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

Program 7	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM EFCW-1
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(1) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
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(3) Leave Blank

Direct Costs	Object Accounts					
(4) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)

a. Preparing district policies & procedures for § IV.A.	\$ 75.44	\$ -	\$ -	\$ -	\$ -	\$ 75.44
b. Staff training (One time per employee)	\$ 4,526.40	\$ -	\$ -	\$ -	\$ -	\$ 4,526.40

2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)

a. Calculating and collecting enrollment fees	\$ 1,366,669.60	\$ -	\$ -	\$ -	\$ -	\$ 1,366,669.60
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Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)

a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ 459.84	\$ -	\$ -	\$ -	\$ -	\$ 459.84

2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)

a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 911,514.40	\$ -	\$ -	\$ -	\$ -	\$ 911,514.40
c. Reporting BOG fee waiver data to CCC	\$ 4,138.56	\$ -	\$ -	\$ -	\$ -	\$ 4,138.56
Total Direct Costs	\$ 2,287,384.24	\$ -	\$ -	\$ -	\$ -	\$ 2,287,384.24

Indirect Costs	
Indirect Cost Rate	[From OMB A-21, FAM-29C, or 7%] 29.50%
Total Indirect Costs	[Line (06) x line (05)(a)] \$ 674,778.35
Total Direct and Indirect Costs	[Line (05)(f) + line (07)] \$ 2,962,162.59

Cost Reduction	
Less: Enrollment Fee Revenue offset	\$ 102,049.00
Less: Enrollment Fee Waiver offsets	\$ 335,172.00
Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}] \$ 2,524,941.59

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(01) Claimant th Orange County Community College District	(02) Fiscal Year 2007-2008
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$75.44	1.0	\$ 75.44				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 75.44	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2007-2008
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(03) Reimbursable Activities: Check only **one** box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$75.44	60.0	\$ 4,526.40				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 4,526.40	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant North Orange County Community College District	(02) Fiscal Year 2007-2008
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee) A. 2. Enrollment Fee Collection: Ongoing Activity <input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee) B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee collection Enrollment Office Staff Collecting Fees	\$36.61	11,298.7	\$ 413,645.41				
Calculating total enrollment fee to be collected Enrollment Office Staff Collecting Fees	\$36.61	5,519.9	\$ 202,083.54				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Enrollment Office Staff Collecting Fees	\$36.61	126.1	\$ 4,616.52				
Refunding refund of enrollment fees paid to students establishing fee waiver after enrollment Enrollment Office Staff Collecting Fees	\$36.61	613.2	\$ 22,449.25				
Referencing student accounts and records Enrollment Office Staff Collecting Fees	\$36.61	8,615.2	\$ 315,402.47				
Updating written and computer records for enrollment fee information Enrollment Office Staff Collecting Fees	\$36.61	11,157.4	\$ 408,472.41				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 1,366,669.60	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant North Orange County Community College District	(02) Fiscal Year 2007-2008
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$57.48	8.0	\$ 459.84				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 459.84	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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1) Claimant North Orange County Community College District	(02) Fiscal Year 2007-2008
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
--	--

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Financial Aid Office Waiving Fees	\$38.05	2,962.8	\$ 112,734.54				
Entering approved application information into district records; providing student award letter Financial Aid Office Waiving Fees	\$38.05	7,882.3	\$ 299,921.52				
Evaluating waiver applications and verifying application documents Financial Aid Office Waiving Fees	\$38.05	4,801.8	\$ 182,708.49				
of denied applications, reviewing and evaluating information if denial is appealed by student Financial Aid Office Waiving Fees	\$38.05	178.5	\$ 6,791.93				
Notifying students of additional documentation requirements and how to obtain information Financial Aid Office Waiving Fees	\$38.05	263.5	\$ 10,026.18				
Receiving waiver applications Financial Aid Office Waiving Fees	\$38.05	7,866.8	\$ 299,331.74				
(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 911,514.40	\$ -	\$ -	\$ -	\$ -

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM EFCW-2
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(1) Claimant Orange County Community College District	(02) Fiscal Year 2007-2008
--	-------------------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$57.48	72.0	\$ 4,138.56				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 4,138.56	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
308/95 ENROLLMENT COLLECTIONS/WAIVERS

07-2008
Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
07-08	8,615.20	Enrollment Office Staff	Collecting Fees	\$36.61	\$315,402.47	Referencing student accounts and records	Calculating and collecting enrollment fees
07-08	5,519.90	Enrollment Office Staff	Collecting Fees	\$36.61	\$202,083.54	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
07-08	11,298.70	Enrollment Office Staff	Collecting Fees	\$36.61	\$413,645.41	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
07-08	11,157.40	Enrollment Office Staff	Collecting Fees	\$36.61	\$408,472.41	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
07-08	126.10	Enrollment Office Staff	Collecting Fees	\$36.61	\$4,616.52	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
07-08	613.20	Enrollment Office Staff	Collecting Fees	\$36.61	\$22,449.25	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	37,330.50	Enrollment Office Staff Total			\$1,366,669.60		
07-08	2,962.80	Financial Aid Office	Waiving Fees	\$38.05	\$112,734.54	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
07-08	7,866.80	Financial Aid Office	Waiving Fees	\$38.05	\$299,331.74	Receiving waiver applications	Waiving student fees
07-08	4,801.80	Financial Aid Office	Waiving Fees	\$38.05	\$182,708.49	Evaluating waiver applications and verifying application documents	Waiving student fees
07-08	263.50	Financial Aid Office	Waiving Fees	\$38.05	\$10,026.18	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
07-08	7,882.30	Financial Aid Office	Waiving Fees	\$38.05	\$299,921.52	Entering approved application information into district records; providing student award letter	Waiving student fees
07-08	178.50	Financial Aid Office	Waiving Fees	\$38.05	\$6,791.93	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	23,955.70	Financial Aid Office Total			\$911,514.40		
07-08	1.00	Harter, Renie	Bursar	\$75.44	\$75.44	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
07-08	60.00	Harter, Renie	Bursar	\$75.44	\$4,526.40	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	61.00	Harter, Renie Total			\$4,601.84		
07-08	8.00	Larson, Nancy	Coordinator	\$57.48	\$459.84	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
07-08	72.00	Larson, Nancy	Coordinator	\$57.48	\$4,138.56	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$4,598.40		
	61,427.20	Grand Total			\$2,287,384.24		

EIN #:

DATE: June 27, 2006

INSTITUTION:

North Orange County Community College District
1830 W. Romeya Drive

FILING REF.: The preceding Agreement was dated August 8, 2002

Anaheim

CA 92801

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I; FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/06	06/30/10	29.5	On-Campus	All Programs
PROV.	07/01/10	06/30/11	29.5	On-Campus	All Programs

*BASE:

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

RECEIVED
JAN 28 2009

BY:.....

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

District: North Orange County CCD

Renie Harter Bursar
Employee Name Exact Position Title
Cypress 714-484-7316 12mo/11mo/10mo/hrly
College/Department/Location Telephone # Work year length

Typical Reimbursable Activities:

FISCAL YEARS- Report time in hours
05-06 06-07 07-08

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

A. Enrollment Collection Process: _____ 1

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: _____ 60

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: _____ 61

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 Renie Harter Date 12-5-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton/ Financial Aid Dept.
College/Department/Location

714-992-5275
Telephone #

12mo/11mo/10mo/hrly
Work year length

Typical Reimbursable Activities:

FISCAL YEARS- Report time in hours
05-06 06-07 07-08

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: _____ 8

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.

_____ 72

TOTALS:

_____ 80

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 Nancy Larson

Date 12/5/08

If you have any questions, please contact Nancy Larson, at 792-5275

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2007-2008
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 4.
 Findings:

*EFC 1	84,740
Avg. time p/account	<u>6.1</u>
Total Time (in minutes)	516914
Per Hour	<u>60</u>
Hours Worked (** Activity 11)	8,615.2
*EFC 2	56,135
Avg. time p/student	<u>5.9</u>
Total Time (in minutes)	331196.5
Per Hour	<u>60</u>
Hours Worked (** Activity 12)	5,519.9
*EFC 1	84,740
Avg. time p/question	<u>8.0</u>
Total Time (in minutes)	677920
Per Hour	<u>60</u>
Hours Worked (** Activity 13)	11,298.7
*EFC 1	84,740
Avg. time p/file	<u>7.9</u>
Total Time (in minutes)	669446
Per Hour	<u>60</u>
Hours Worked (** Activity 14)	11,157.4
*EFC 4	1240
Avg. time p/account	<u>6.1</u>
Total Time (in minutes)	7564
Per Hour	<u>60</u>
Hours Worked (** Activity 15)	126.1
*EFC 5	5749
Avg. time p/student	<u>6.4</u>
Total Time (in minutes)	36793.6
Per Hour	<u>60</u>
Hours Worked (** Activity 16)	613.2

Conclusion: Findings will go forward to the EFCW-2.

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2007-2008
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	30,650
Avg. time p/question	<u>5.8</u>
Total Time (in minutes)	177770
Per Hour	<u>60</u>
Hours Worked (** Activity 21)	2,962.8
*EFW 6	30,650
Avg. time p/application	<u>15.4</u>
Total Time (in minutes)	472010
Per Hour	<u>60</u>
Hours Worked (** Activity 22)	7,866.8
*EFW 6	30,650
Avg. time p/evaluation	<u>9.4</u>
Total Time (in minutes)	288110
Per Hour	<u>60</u>
Hours Worked (** Activity 23)	4,801.8
*EFW 8	1,275
Avg. time p/application	<u>12.4</u>
Total Time (in minutes)	15810
Per Hour	<u>60</u>
Hours Worked (** Activity 24)	263.5
*EFW 7	29,375
Avg. time p/application	<u>16.1</u>
Total Time (in minutes)	472937.5
Per Hour	<u>60</u>
Hours Worked (** Activity 25)	7,882.3
*EFW 8	1275
Avg. time p/application	<u>8.4</u>
Total Time (in minutes)	10710
Per Hour	<u>60</u>
Hours Worked (** Activity 26)	178.5

Conclusion: Findings will go forward to the EFCW-2.

*EFW Workload Multiplier (Default)

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.

22 - Receive 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.

23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.

24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.

25 - Approved Applications: Copying all documentation and filing the information. Entering information into

Schedule 1B
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2007-2008
Time Summary

district records. Providing student with proof of eligibility and filing documents.

- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed.
Providing written notification to student of final eligibility status.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2007-2008
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.
Source: EFCW 1.7-2 and Schedule 2A.
Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Abadzhyan, Susanna	FA Technician	20	15	30	30		15
Abutin, Albert	Interim Dean, A&R	5	4	5	3	3	4
Adakai, Ericka	Administrative Assistant II	5		5			5
Aguirre, Maria	FA Technician	20	15	30	30		15
Alcaraz, Jose	FA Technician	20	15	30	30		15
Atkins, Blanca	A&R Technician	2	3	1	1		
Beard, Claudia	Account Clerk II	6		5			10
Becena, Juan Carlos	Student Hourly		1	1.5	1		
Becerril, Shelley	Cashier/Registration Clerk	2	3	2	2	4	4
Bradshaw, John	Technician	5	5	4	2	4	4
Bustos, Ray	FA Technician	20	15	30	30		15
Calderon-Teneza, Roselle	Financial Aid Specialist	2	5	2	3		
Caro, Barbara	Technician	3	3	2	5	5	1
Chang, Denny	Student Hourly	5	3	1	3	2	4
Chang, Ly	Evaluator	5	5	3	5		
Cleaver, Danielle	Student Hourly	5		2.5			2.5
Cobb, Keith	Director, Financial Aid	5	5	6	2	5	3
Coria, Yessenia	Hourly	5	5	2	3	4	2
Creasman, Stephanie	Hourly	4	2	3	2	3	3
Davis, Christy	A&R Specialist	3	2	15	3		
Dean, Brian	A&R Technician	5	5	5	5		
Do, Field	Evaluator	1		2			2
Ebright, Jami	Account Clerk II	2		3			5
Felix, Ana	A&R Specialist	5	4	5	3	3	2
Ford, Regina	Registrar	3	5	15	3		
Funacka, Lisa	A&R Technician	1	3	3	3	1	3
Galvez, Everado	Clerical Assistant	20	15	30	30		15
Garcia, Rose	Clerical Assistant	20	15	30	30		15
Grein, Cyndi	Manager, Campus Accounting	1		1			2
Guzman, Elizabeth	Technician	5	5	5	5	10	10
Ha, Jackle	STD Service Technician	5	5	10	10	5	10
Harter, Renie	Manager, Campus Accounting	3	3	4	3	3	4
Henry, Kevin	Registration Clerk	3	2	1	2	4	3
Hernandez, Evendiva	Student Hourly	1	1	2	1	1	2
Hernandez, Jeri L.	Administrative Assistant II	2	8	8	5		
Hinojas, Antonia	A&R Clerk	1	2	1	2		
Huynh, John	FA Technician	30	15	45	30		15
Jones, LaQuita	Clerical Assistant	3		2			
Kanaan, Jay	Accounting Technician	5	8	5	5	20	5
Kim, Dan	Student Hourly	1	1	3	1		
LaHood, Matt	Student Hourly	2.5	2	3	3.5		
Larson, Nancy	Coordinator	20	15	30	30		15
Ledezma, Elizabeth	A&R Technician	3	3	1	4	3	3
Leopold, Maureen	Accounting Specialist	5	8	4	5	10	15
Louie-Jeu, Kim	Evaluator	2	1	3	1	1	1
Lucero, Cheryl A.	Financial Aid Technician	5	5	5	5	7	
Luviano, Elizabeth	Student Hourly	3	3	2	3	3	2
Mahoney, Leslie	Account Clerk II	3	2	1	1	6	3
Majdall, Emily	Hourly Accounting Technician	6	9	5	5	24	10
Martinez, Delores	Technician	2	3	5	3	4	2
Masse, Ailed	Student Hourly	1	2	1	2	1	1
Medina, Fabian	Student Hourly	4	2	2	3	5	3
Miller, John	Accounting Technician	5	20	5	10	15	4
Miranda, Sandra	Evaluator	2	1	1	2		
Morales, Lisa	Accounting Technician	7	7	7	5	25	10
Morrissey, Nicole	Student Hourly	2.5	3.5	4	3.5		
Murillo, Vanessa	Accounting Technician	6	10	7	10	18	10
Negrete, Rena R.	A&R Specialist	5	4	4	3	4	5
Nelson, Brittany	Cashier/Registration Clerk	2	3	3	2	4	4
Nguyen, Tuan	A&R Specialist	2	3	7	5		

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2007-2008
 Time Study

Staff	Title	*EFC Workload Multiplier					
		1	2	1		4	5
		**Activity Codes					
		11	12	13	14	15	16
Oropeza, Elaine	FA Technician	20	15	30	30		15
Oropeza, Lourdes	FA Technician	20	15	30	30		15
Padilla, Jayme	Evaluator	1	1	2	1	1	1
Perez, Veronika	Student Hourly	3	5	2	2		3
Quan, Linh	Accounting Specialist	1		1			4
Quilizapa-Torres, Claudia	Admissions Technician	4	4	3	2	4	3
Ramos, Amanda	Clerical Assistant I	3.5	7	6.5	3		
Redd, Linda	Evaluator	2	2	3	2		
Reid, Denise	A&R Technician	2	2	3	5	5	5
Reza, Alan	Financial Aid Specialist	5	5	6	2		3
Saghaei, Azar	Hourly Clerk	1	1	1	1	2	2
Samala, Brittany	A&R Clerk	2	2	5	3	2	2
Sandoval, Rebeca	Financial Aid Specialist	5	2	1	2		
Schwiebert, Laurie	Administrative Assistant	20	15	30	30		15
Thompson, Jeanne	Student Services Technician			15			
Tran, Kimberly	Financial Aid Technician	5	5	5			
Truong, Jason	Clerical Assistant	2	3	3	2		
Tushia, Nicol	Evaluator			5		10	5
Villegas, Fatima	FA Technician	20	15	30	30		15
Whitlow, Zachary	Student Hourly	2.5	1	1	1.5	2.5	1.5
Average		6.1	5.9	8.0	7.9	6.1	6.4

Conclusion: Findings go forward to Schedule 1A.

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

Used client provided multipliers from 05-06.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2007-2008
 Average PHR

Purpose: To calculate the average PHR for Admissions and Records staff.

Source: North Orange County CCD PHR list.

Findings:

Staff	Title	07-08	
Abadzhyan, Susanna	FA Technician	35.73	
Abutin, Albert	Interim Dean, A&R	97.31	A
Adakai, Ericka	Administrative Assistant II	33.15	
Aguirre, Maria	FA Technician	39.76	
Alcaraz, Jose	FA Technician	44.06	
Atkins, Blanca	A&R Technician	34.58	A
Beard, Claudia	Account Clerk II	40.53	
Becena, Juan Carlos	Student Hourly	9.59	A
Becerrill, Shelley	Cashier/Registration Clerk	10.41	
Bradshaw, John	Technician	43.78	A
Bustos, Ray	FA Technician	52.49	
Calderon-Teneza, Roselle	Financial Aid Specialist	44.77	
Caro, Barbara	Technician	48.69	
Chang, Denny	Student Hourly	9.59	A
Chang, Ly	Evaluator	40.26	
Cleaver, Danielle	Student Hourly	9.59	A
Cobb, Keith	Director, Financial Aid	68.00	
Coria, Yessenia	Hourly	8.97	
Creasman, Stephanie	Hourly	9.59	A
Davis, Christy	A&R Specialist	40.57	
Dean, Brian	A&R Technician	35.61	
Do, Field	Evaluator	54.30	
Ebright, Jami	Account Clerk II	40.63	A
Felix, Ana	A&R Specialist	55.86	
Ford, Regina	Registrar	73.52	
Funaoka, Lisa	A&R Technician	38.09	
Galvez, Everado	Clerical Assistant	32.64	A
Garcia, Rose	Clerical Assistant	32.64	A
Grein, Cyndi	Manager, Campus Accounting	61.47	
Guzman, Elizabeth	Technician	42.99	
Ha, Jackie	STD Service Technician	48.08	
Harter, Renie	Manager, Campus Accounting	75.44	
Henry, Kevin	Registration Clerk	11.29	
Hernandez, Evendiva	Student Hourly	9.59	A
Hernandez, Jeri L.	Administrative Assistant II	40.55	
Hinojas, Antonia	A&R Clerk	40.63	A
Huynh, John	FA Technician	42.49	A
Jones, LaQuita	Clerical Assistant	32.05	
Kanaan, Jay	Accounting Technician	46.76	
Kim, Dan	Student Hourly	9.59	A
LaHood, Matt	Student Hourly	9.59	A
Larson, Nancy	Coordinator	57.48	

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2007-2008
 Average PHR

Staff	Title	07-08	
Ledezma, Elizabeth	A&R Technician	32.15	
Leopold, Maureen	Accounting Specialist	53.59	
Louie-Jeu, Kim	Evaluator	42.25	
Lucero, Cheryl A.	Financial Aid Technician	38.30	
Luviano, Elizabeth	Student Hourly	10.86	
Mahoney, Leslie	Account Clerk II	40.72	
Majdali, Emily	Hourly Accounting Technician	34.90	
Martinez, Delores	Technician	39.66	
Masse, Ailed	Student Hourly	9.59	A
Medina, Fabian	Student Hourly	9.59	A
Miller, John	Accounting Technician	40.81	
Miranda, Sandra	Evaluator	34.95	
Morales, Lisa	Accounting Technician	45.67	
Morrissey, Nicole	Student Hourly	9.59	A
Murillo, Vanessa	Accounting Technician	44.41	A
Negrete, Rena R.	A&R Specialist	44.67	
Nelson, Brittany	Cashier/Registration Clerk	9.86	
Nguyen, Tuan	A&R Specialist	47.68	
Oropeza, Elaine	FA Technician	45.68	
Oropeza, Lourdes	FA Technician	50.07	
Padilla, Jayme	Evaluator	34.06	
Perez, Veronika	Student Hourly	9.59	A
Quan, Linh	Accounting Specialist	45.98	
Quilizapa-Torres, Claudia	Admissions Technician	34.58	A
Ramos, Amanda	Clerical Assistant I	36.36	
Redd, Linda	Evaluator	41.89	A
Reid, Denise	A&R Technician	32.47	
Reza, Alan	Financial Aid Specialist	58.03	
Saghaei, Azar	Hourly Clerk	8.93	
Samala, Brittany	A&R Clerk	40.63	A
Sandoval, Rebeca	Financial Aid Specialist	50.23	
Schwiebert, Laurie	Admissions Assistant	40.69	
Thompson, Jeanne	Student Services Technician	36.62	
Tran, Kimberly	Financial Aid Technician	42.77	
Truong, Jason	Clerical Assistant	29.51	
Tushla, Nicol	Evaluator	45.52	
Villegas, Fatima	FA Technician	33.55	
Whitlow, Zachary	Student Hourly	9.59	A
Average		36.61	

Conclusion: Findings go forward to EFCW-2.

A: Used average PHR.

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOVADA Department/Location EA - FINAID
 Employee Name Susanna Abadzhyan Exact Position Title EA TECHNICIAN
 Telephone # 25276 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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 Susanna Abadzhyan Date 8/29/08
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

ADMISSIONS + RECORDS
Department/Location

ALBERT ABUTIN
Employee Name

INTERIM DEAN, A + R
Exact Position Title

992-7077 12mo 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Albert Abutin Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District DOCCCD Department/Location Admissions & Records / 2005
 Employee Name Genica Adafin Exact Position Title Admin - Asst II
 Telephone # 714-732-5733 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	n/a					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	n/a					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/a					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Genica Adafin Date 9/2/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location EC - FINAID
 Employee Name Maria Aguirre Exact Position Title FA TECHNICIAN
 Telephone # 25277 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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 Maria Aguirre Date 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOGATA Department/Location: EO - FINAID
 Employee Name: Jose Alvarez Exact Position Title: EA TECHNICIAN
 Telephone #: 2527P Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>20</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>15</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>30</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>30</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>15</u>					

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: [Signature] Date: 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2
RECEIVED
AUG 18 2008
NOCCCD
ACCOUNTS PAYABLE

Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District _____

Cypress College/Admissions & Records Department/Location _____

Blanca Atkins
 Employee Name

Admissions & Records Technician
 Exact Position Title

(714) 484-7409 Telephone # (12mo) Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 Blanca Atkins

Date 8/14/08

If you have any questions, please contact Dave Wassenaar/rf, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 10

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location FC Bursar
 Employee Name Claudia Beard Exact Position Title Account Clerk II
 Telephone # 992-2555 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					

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 Claudia Beard Date 4-30-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Juan Carlos Becerra
Employee Name

Student Hrly.
Exact Position Title

47346 (12mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	0.25	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0.45	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1-2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1.25	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 [Signature]

Date 08/14/2008

If you have any questions, please contact Dave Wassenaar/rf at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location CC - BUSSETT
 Employee Name Shelley Beaeril BECKER Exact Position Title Cashier/registration clerk

Telephone # (714) 484-7317 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					✓

40% of Student

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 Shelley Beaeril Date 8/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCO
District

Admissions & Records - Student Svc.
Department/Location

JOHN BRADSHAW
Employee Name

Technician
Exact Position Title

(714) 732-5743
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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

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 [Signature]

Date SEP 02 2008

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOVADA Department/Location EC - FINAID
 Employee Name Ray Bustos Exact Position Title EA TECHNICIAN
 Telephone # 25279 Work year length(circle) 12mo/11mo/10mo/hrlly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>20</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>15</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>30</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>30</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>15</u>					

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 Ray Bustos Date 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District: Norwood Department/Location: Financial Aid Office / cc
 Employee Name: Roselle Calderon-Teneza Exact Position Title: Financial Aid Specialist
 Telephone #: 714) 484-7114 Work year length(circle): 12mo Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-					
Code 16 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: [Signature] Date: 5/1/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3m

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED Department/Location admissions records
 Employee Name B. Caro Exact Position Title Technician
 Telephone # 714 732-5735 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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

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 B. Caro Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Fullerton College Admissions Dept.

Employee Name Denny Chang

Exact Position Title Hourly Staff

714) Telephone # 992-7075 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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

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 Denny Chang

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District _____

Cypress College/Admissions & Records Department/Location

LY CHANG
Employee Name

EVALUATOR
Exact Position Title

714-484-7427 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>± 5</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>± 5</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>± 3</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>± 5</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>—</u>	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>—</u>	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 (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 8-14-07

If you have any questions, please contact Dave Wassenaar/rf, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 Min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Bursarts/FC Department/Location
Danielle Cleaver Employee Name Student Helper Exact Position Title
714-992-7555 Telephone # 12mo/11mo/10mo/9mo/8mo/7mo/6mo/5mo/4mo/3mo/2mo/1mo/nrly Work year length(circle) Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2-3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2-3					

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 Danielle Cleaver Date 4/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCOCO
District

Financial Acd
Department/Location

Keith Gbb
Employee Name

Director of Financial Aid
Exact Position Title

(714) 484-9116 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	6					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 Keith Gbb Date _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCC

Department/Location Fullerton Admissions Dept

Employee Name Jessenia Coria

Exact Position Title Hourly

Telephone # 714) 992-7075 Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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

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 [Signature]

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FULLERTON Admissions Record

Employee Name Stephanie Creasman

Exact Position Title Hourly

Telephone # 714) 992-7075 Work year length(circle) 12mo ~~1mo~~ 10mo ~~hrly~~

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 Stephanie Creasman Date 9-3-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

CHRISTY DAVIS
Employee Name

A&R SPECIALIST
Exact Position Title

47348 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07(07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1-5 MIN	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1-3 MIN	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1-30 MIN	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1-5 MIN	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 [Signature]

Date 8/14/08

If you have any questions, please contact Dave Wassenaar/rf, at (714) 484-7217.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Brian Dean
Employee Name

Admission and Records Technician
Exact Position Title

47344 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 [Signature]

Date 14 - August - 2006

If you have any questions, please contact Dave Wassenaar/rf, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCTD

Department/Location Admissions & Records/FC

Employee Name Field DO

Exact Position Title Evaluator

Telephone # (714) 732-5748 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
<input checked="" type="checkbox"/> Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 9/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location Bursar's Office FC
 Employee Name Jami Ebright Exact Position Title Account Clerk II
 Telephone # 714-992-7560 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	Ø					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	Ø					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Jami Ebright Date 5/5/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

RECEIVED
 SEP 05 2008
 NOCCCD
 ACCOUNTS PAYABLE

**Employee AVERAGE Time Record for Mandated Costs
 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
 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.

District NOCCCD

Department/Location EC ADMISSIONS & RECORDS

Employee Name ANA FELIX

Exact Position Title ADMISSIONS & RECORDS SPECIALIST

Telephone # 714) 732-5734 Work year length(circle) 12mo 1mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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

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 Ana Felix

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4.0 min,

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NORTH ORANGE COUNTY
District

Admissions + Records
Department/Location

LISA FUNAOKA
Employee Name

Admissions + Records Technician
Exact Position Title

714/732-5736 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1.0</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3.0</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>3.0</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>3.0</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>1.0</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>3.0</u>					

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 9/21/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOVA Department/Location: EC - FINAID
 Employee Name: EVERADO GALVEZ Exact Position Title: CLERICAL ASST
 Telephone #: 27097 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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.

Employee Signature: [Signature] Date: 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOVATO

Department/Location EA - FINAID

Employee Name Rose Garcia

Exact Position Title CLERICAL ASST

Telephone # 2528/ 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>20</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>15</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>30</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>30</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>15</u>					

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 Rose Garcia

Date 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCAD

Department/Location Fullerton/Bussat

Employee Name Cynde Stein

Exact Position Title Mgr. Campus Acctg

Telephone # 992-7556 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.						
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.						
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Cynde Stein Date 6-2-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NORTH ORANGE CNTY COMM. COLLEGE DIST District
ADMISSIONS & RECORDS Department/Location
ELIZABETH GUZMAN Employee Name
TECHNICIAN Exact Position Title
(14) 732-5736 Telephone # (2mo) 11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					

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 [Signature] Date 9/2/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5'

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FAO / CC

Employee Name JACKIE HA

Exact Position Title STD SERV TECH

Telephone # 484-7118

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5'					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5'					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10'					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10'					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5'					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10'					

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 Jackie Ha

Date 4/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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:

NOCCCD
District

CC BURSAR
Department/Location

RENIE HARTER
Employee Name

MANAGER, CAMPUS ACCOUNTING
Exact Position Title

714-484-7316 (12mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					✓

40% of Students

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 *Renie Harter*

Date 5-30-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: North Orange County Department/Location: Bursar / Cypress College
 Employee Name: Kevin Henry Exact Position Title: Registration Clerk
 Telephone #: 714-898-9158 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					✓

40% of students

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: [Signature] Date: 06/03/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District
Drendra Hernandez
Employee Name

A+R Ellenton College
Department/Location
Student Hourly
Exact Position Title

(14) 808-0155 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 [Signature]

Date 9/3/8

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

JERI L. HERNANDEZ
Employee Name

ADMINISTRATIVE ASSISTANT II
Exact Position Title

714-484-7345 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 Jeri L. Hernandez

Date 8-14-08

If you have any questions, please contact Dave Wassenaar/rf at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 2min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCC

Department/Location Admissions + Records

Employee Name Antonia Hinojos

Exact Position Title AR Clerk

Telephone # 714) 992-7075 Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2min					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Antonia Hinojos

Date Sept 2, 2008

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOVADA Department/Location EO - FINAID
 Employee Name John Huynh Exact Position Title EA TECHNICIAN
 Telephone # 25282 Work year length(circle) 12mo/11mo/10mo/hrlly Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>30</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>15</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>45</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>30</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>15</u>					

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 John Huynh Date 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCO
District

Financial Aid / Cypress
Department/Location

LaQuita Jones
Employee Name

Clerical Assistant I
Exact Position Title

ext 47089 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 [Signature]

Date 5-1-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District Nocero Department/Location BOZBAIS - CYPRESS COURSE
 Employee Name JAY KANAAN Exact Position Title ACCOUNTING TECHNICIAN
 Telephone # (714) 484-7315 Work year length(circle) (12mo/11mo/10mo/hrly) Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	80	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% of STUDENTS

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 [Signature] Date 6/03/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Dan Kim
Employee Name

Student Hourly
Exact Position Title

323-360-3871
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07(07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1-5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 Dan Kim

Date 8/14/08

If you have any questions, please contact Dave Wassenaar/rf at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Cypress College/Admissions & Records
 Department/Location
 Employee Name Matt La Hood Exact Position Title Student hourly
 Telephone # X47346 Work year length(circle) 12mo Fiscal Year: 05-06 06-07(07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2-3 min 05 sec	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2 min 30 sec	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15 sec - 5 min	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	45 sec 3-4 min	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 Matthew La Hood Date 08/14/08
 If you have any questions, please contact Dave Wassenaar/rf, at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

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

RECEIVED

SEP 09 2008

NOCCCD

ACCOUNTS PAYABLE

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

District NOCCCD

Department/Location EA - FINAID

Employee Name Nancy Larson

Exact Position Title COORDINATOR

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NORTH GRANGE COUNTY
District

ADMISSIONS & RECORDS
Department/Location

ELIZABETH LEDEZMA
Employee Name

A&R TECH
Exact Position Title

(714) 732-5737
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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

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 [Signature]

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCO
District
Maureen Leopold
Employee Name
484-7318
Telephone #

Bursar's Office - Ca
Department/Location
Accounting Specialist
Exact Position Title
Fiscal Year: 05-06 06-07 07-08

12mo / 1mo / 10mo / hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>5 min</u>	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>8</u>	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>4</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>5</u>	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>10</u>				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>15</u>					✓

40% of Students

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 Maureen Leopold

Date 6/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCO

Department/Location A.R.

Employee Name Kim Rome - JR

Exact Position Title Evaluator

Telephone # 732-5746 Work year length(circle) (12mo) 11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Kim Rome - JR Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD
Employee Name Cheryl A. Lucero
Telephone # ext. 47117

Department/Location SSS / Financial Aid
Exact Position Title Financial Aid Technician

Work year length(circle) 12mo/11mo/10mo/hrly
Fiscal Year: 05-06 06-07 07-08

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 - N/A

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>5</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>5</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>5</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>5</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>7</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 Cheryl A. Lucero Date 09/01/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOC CD
District

Admissions & Records
Department/Location

Elizabeth Luciano
Employee Name

Student hourly
Exact Position Title

(714) 545-2734 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Elizabeth Luciano Date 9.2.08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

N.O.C.C.C.D.
District
Leslie Mahoney
Employee Name

FC BURSAR
Department/Location
Account Clerk II
Exact Position Title

992-7555
Telephone #
12mo/11mo/10mo/hrlly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	6					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 information." This information is used for cost accounting purposes only. PLEASE USE BLUE INK

Employee Signature Leslie Mahoney

Date 05-28-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCED

Department/Location Bursar's Office / CC

Employee Name Emily Majdali

Exact Position Title Hourly Accounting Tech

Telephone # 484-7317 Work year length (circle) 12mo/11mo/10mo/9mly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	9	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	24				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					✓

40% of Students

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 Emily Majdali

Date 8/21/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mins.

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCO

Department/Location Old R Fullerton

Employee Name Delores Martinez

Exact Position Title Technician

Telephone # 732-5739 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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

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 Delores Martinez Date 9-2-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Ailed Masse
Employee Name
(714) 603-8225 12mo/11mo/10mo/hrly
Telephone # Work year length (circle)

Admissions & Records
Department/Location
Student Hourly
Exact Position Title
Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1 min</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2 min</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1 min</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>2 min</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>1 min</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>1 min</u>					

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 Ailed Masse Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3mm

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOVELLO Department/Location: Admission & Records
 Employee Name: Fabian Medina Exact Position Title: Student Housing Clerk
 Telephone #: (714) 603-8225 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3min					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5min					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3min					

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: Fabian Medina Date: 9/4/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7 mins.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location BURSAR'S OFFICE / FULLERTON COLLEGE

Employee Name John Miller

Exact Position Title ACCOUNTING TECHNICIAN

Telephone # 714-992-7555 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	20					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	15					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 *John Miller*

Date 4/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Sandra Miranda
Employee Name

Evaluator
Exact Position Title

714) 484-7431 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07(07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 S. Miranda

Date 8/14/08

If you have any questions, please contact Dave Wassenaar/rf at (714) 484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Bursars - Cypress
Department/Location

Lisa Morales
Employee Name

Accounting Tech
Exact Position Title

714-484-7319 Telephone # 12mo Work year length(circle)
11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	7					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	25				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					✓

40% of students

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 *Lisa Morales*

Date 6-3-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Nicole Morrissey
Employee Name

Student Hourly
Exact Position Title

X47346
Telephone #

(12mo)/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2-3	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3-4	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3-5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3- 4	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 Nicole Morrissey

Date 8/14/08
at (714) 484-7217

If you have any questions, please contact Dave Wassenaar rf

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District N.O.C.C.C.D.

Department/Location Cypress College-Bursar's Office

Employee Name Vanessa Murillo

Exact Position Title Accounting Technician

Telephone # (714)484-7314 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6 min.	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10 min.	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	7 min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10 min.	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	18 min.				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10 min.					✓

40% of Students

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 Vanessa Murillo

Date 6-03-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.


District Nocced Department/Location A+R
 Employee Name Rena R. Negrete Exact Position Title A+R Specialist
 Telephone # 732-5740 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

nocccd
District
Brittany Nelson
Employee Name
(714) 484-7317
Telephone #

CC - Bursar
Department/Location
Cashier/Registration Clerk
Exact Position Title
Fiscal Year: 05-06 06-07 07-08

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					✓

40% of students

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 Brittany Nelson Date 6/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Tuan Nguyen
Employee Name

Admissions & Records Specialist
Exact Position Title

Telephone # 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	7	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)		N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.		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 (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 Tuan Nguyen

Date 8/15/08

If you have any questions, please contact Dave Wassenaar/rf, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCEDS Department/Location EA - FINAID
 Employee Name ELAINE OROPEZA Exact Position Title EA TECHNICIAN
 Telephone # 25283 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>20</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>15</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>30</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>30</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>15</u>					

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 Elaine Oropeza Date 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOVATA Department/Location: EC - FINAID
 Employee Name: Louede Oropeza Exact Position Title: FA TECHNICIAN
 Telephone #: 25284 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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: Louede Oropeza Date: 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Orange County
District

Admissions & Records
Department/Location

Jayne Padilla
Employee Name

Evaluator
Exact Position Title

714) 732-5745 (2mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Jayne Padilla

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCC
District
Veronica Perez
Employee Name

Admissions + Records
Department/Location
Student hourly
Exact Position Title

714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>5</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>2</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>2</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>n/a</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>3</u>					

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 Veronica Perez

Date 09/02/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

BURSAR'S OFFICE / STUDENT SERVICES
Department/Location 2000 BLDG

Employee Name LINH QUAN

Exact Position Title ACCOUNTING SPECIALIST

Telephone # 714-992-7555 Work year length(circle) (12mo) 11mo/10mo/hrly

Fiscal Year: 05-06 06-07 (07-08)

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 [Signature] Date 5-1-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOAH Orange County Department/Location Quiliza Fullerton Admissions
 Employee Name Claudia Quiliza-Torres Exact Position Title Admissions Tech
 Telephone # 714-732-5741 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 [Signature] Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Amanda Ramos
Employee Name 484-7410
Telephone # 12mo/11mo/10mo/hrly

Cypress College/Admissions & Records Department/Location Clerical Assistant I
Exact Position Title
Fiscal Year: 05-06 06-07 (07-08)

Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2-5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5-10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5-8	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1-5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (or declare) under penalty of perjury under the laws of the State of California to be true and correct based on your personal knowledge of information." This information is used for cost accounting purposes only. PLEASE USE BLUE INK

Employee Signature Amanda Ramos Date 8-14-08
If you have any questions, please contact Dave Wassenaar/rf, at (714)484-7217

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District _____

Cypress College/Admissions & Records
Department/Location _____

Linda Redd
Employee Name _____

Evaluator
Exact Position Title _____

47434 (2mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07(07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	—	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	—	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 (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 [Signature]

Date 8/14/08
at (714) 484-7217

If you have any questions, please contact Dave Wassenaar/rf

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

MOCCCO
District

Admission & Records
Department/Location

Denise Reid
Employee Name

APR Tech
Exact Position Title

25742
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Denise Reid

Date 9-2-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

EFCW 1.7-2

How long did it take you to fill out this form? 10

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOUCCD Department/Location Financial Aid / CCCplex
 Employee Name Alan Reza REZA Exact Position Title Financial Aid Specialist
 Telephone # (714) 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	6					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	2					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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

EFCW 1.7-2

Employee Signature Alan Reza

Date 4/29/08

If you have any questions, please contact Keith Cobb, at
(214) 484-7114 ext. 1

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District MOCCCD

Department/Location Admission and Records office

Employee Name Azar Saghaei

Exact Position Title Hourly clerk

714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length (circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Azar Saghaei Date 9/4/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2m

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District Noccd
Employee Name Brittany Samala

Department/Location Fullerton College / Admissions & Records
Exact Position Title Admissions & Records Clerk

714) 992-7075 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.		2				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.		2				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.		5				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.		3				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)		2				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.		2				

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 BS Date 9/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD Department/Location Cypress Fin. Aid.
 Employee Name Rebecca SANDOVAL Exact Position Title Financial Aid office Specialist
 Telephone # 484-7119 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	1					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	2					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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 Rebecca Sandoval Date 5/6/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCAL
 District Laurie Schwiebert Department/Location EA - FINAID
 Employee Name Laurie Schwiebert Exact Position Title ADMIN ASSISTANT
 Telephone # 25285 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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 Laurie Schwiebert Date 8/29/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

North Orange County Community College District District
Financial Aid / Cypress College Department/Location
Jeanne Thompson Employee Name
Student Services Technician Exact Position Title
(714) 484-7000 x45013 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	n/A					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	n/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15 minutes					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	n/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Jeanne Thompson Date 4/30/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NACCCD
District
Kimberly Tran
Employee Name
X48120
Telephone #

SSS / cypress
Department/Location
Financial Aid Tech
Exact Position Title
Fiscal Year: 05-06 06-07 07-08

12mo / 11mo / 10mo / hrly
Work year length(circle)

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	5					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	NA					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	NA					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	NA					

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 Kimberly Tran Date 5-1-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mds

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions & Records
Department/Location

Jason Truong
Employee Name

Clerical Assistant (40%)
Exact Position Title

47410 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>2</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1-5</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>2</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>—</u>	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>—</u>	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 (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 Jason Truong

Date 8/14/08
at (714)484-7217

If you have any questions, please contact Dave Wassenaar/rf

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District Nacoco Department/Location A+R
 Employee Name TUSHLA Exact Position Title Evaluator
 Telephone # (714) 730-5747 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	N/A					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 7-5-18

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCCAS Department/Location: EA - FINAID
 Employee Name: FATIMA VILLEGAS Exact Position Title: EA TECHNICIAN
 Telephone #: 25286 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	30					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	30					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					

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: Fatima Villegas Date: 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions & Records/Fullerton College
Department/Location

Zachary E. Whitlow
Employee Name

Student Hourly
Exact Position Title

(562) 695-3918 12mo/11mo/10mo/hrly
Telephone # Work year length (circle)

Fiscal Year: 05-06 06-07 07-08

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2.5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1.5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2.5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1.5					

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 Zachary E. Whitlow Date 9-3-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 3
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2007-2008
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.
 Source: EFCW 1.7-3.
 Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8		7	
		**Activity Codes					
		21	22	23	24	25	26
Abadzhyan, Susanna	FA Technician	15	20	10	15	20	10
Abutin, Albert	Interim Dean, A&R	1					
Adakai, Ericka	Administrative Assistant II	3					
Aguirre, Maria	FA Technician	15	20	10	15	20	10
Alcaraz, Jose	FA Technician	15	20	10	15	20	10
Beard, Claudia	Account Clerk II	5					
Bradshaw, John	Technician	4					
Bustos, Ray	FA Technician	15	20	10	15	20	10
Calderon-Teneza, Roselle	Financial Aid Specialist	2	2	3	5	5	7
Caro, Barbara	Technician	1					
Chang, Denny	Hourly Staff	2					
Cleaver, Danielle	Student Hourly	2.5					
Cobb, Keith	Director, Financial Aid	4	10	15	9	11	6
Coria, Yessenia	Hourly Staff	2					
Creasman, Stephanie	Hourly Staff	2					
Do, Field	Evaluator	2					
Ebright, Jami	Account Clerk II	1					
Felix, Ana	A&R Specialist	1					
Funaoka, Lisa	A&R Technician	1					
Galvez, Everado	Clerical Assistant	15	20	10	15	20	10
Garcia, Rosa	Clerical Assistant	15	20	10	15	20	10
Grein, Cyndi	Manager, Campus Accounting	1		1			2
Guzman, Elizabeth	Technician	1.5					
Ha, Jackie	STD Service Technician	10	10	15	10	15	13
Hernandez, Evendiva	Student Hourly	0.5					
Hinojos, Antonia	A&R Clerk	1					
Huynh, John	FA Technician	20	30	20	30	20	10
Jones, LaQuita	Clerical Assistant	3	3	3	2		
Larson, Nancy	Coordinator	15	20	10	15	20	10
Ledezma, Elizabeth	Technician	1					
Louie-Jue, Kim	Evaluator	2					
Lucero, Cheryl A.	Financial Aid Technician	4	5	5	5	5	3
Luviano, Elizabeth	Student Hourly	3					
Mahoney, Leslie	Account Clerk II	2					
Martinez, Delores	Technician	1					
Masse, Ailed	Student Hourly	2	2				
Medina, Fabian	Student Hourly	2					
Miller, John	Accounting Technician	5					
Negrete, Rena R.	A&R Specialist	1					
Oropeza, Elaine	FA Technician	15	20	10	15	20	10
Oropeza, Lourdes	FA Technician	15	20	10	15	20	10
Padilla, Jayme	Evaluator	1					
Perez, Veronika	Student Hourly	2					
Quan, Linh	Accounting Specialist	1					
Quilizapa-Torres, Claudia	Admissions Technician	3					
Reid, Denise	A&R Technician	1					
Reza, Alan	Financial Aid Specialist	4	10	15	9	11	6
Saghaei, Azar	Hourly Staff	1					
Samala, Brittany	A&R Clerk	2					
Sandoval, Rebeca	Financial Aid Specialist	5	1	1	1	2	2
Schwibert, Laurie	Administrative Assistant II	15	20	10	15	20	10
Thompson, Jeanne	Student Services Technician	30	30				
Tran, Kimberly	Financial Aid Technician	10					
Tushla, Nicol	Evaluator	5					
Villegas, Fatima	FA Technician	15	20	10	15	20	10
Whitlow, Zachary	Student Hourly	1.5					
Average		5.8	15.4	9.4	12.4	16.1	8.4

Conclusion: Findings go forward to Schedule 1B.

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2007-2008
Time Study

*EFW Workload Multiplier (Default)

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Schedule 3A
North Orange County community College
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2007-2008
Average PHR

Purpose: To calculate average PHR for Financial Aid staff.

Source: North Orange County CCD PHR's.

Findings:

Staff	Title	07-08	
Abadzhyan, Susanna	FA Technician	35.73	
Abutin, Albert	Interim Dean, A&R	97.31	A
Adakai, Ericka	Administrative Assistant II	33.15	
Aguirre, Maria	FA Technician	39.76	
Alcaraz, Jose	FA Technician	44.06	
Beard, Claudia	Account Clerk II	40.53	
Bradshaw, John	Technician	43.78	A
Bustos, Ray	FA Technician	52.49	
Calderon-Teneza, Roselle	Financial Aid Specialist	44.77	
Caro, Barbara	Technician	48.69	
Chang, Denny	Hourly Staff	9.59	A
Cleaver, Danielle	Student Hourly	9.59	A
Cobb, Keith	Director, Financial Aid	68.00	
Coria, Yessenia	Hourly Staff	8.97	
Creasman, Stephanie	Hourly Staff	9.59	A
Do, Field	Evaluator	54.30	
Ebright, Jami	Account Clerk II	40.63	A
Felix, Ana	A&R Specialist	55.86	
Funaoka, Lisa	A&R Technician	38.09	
Galvez, Everado	Clerical Assistant	32.64	A
Garcia, Rosa	Clerical Assistant	32.64	A
Grein, Cyndi	Manager, Campus Accounting	61.47	
Guzman, Elizabeth	Technician	42.99	
Ha, Jackie	STD Service Technician	48.08	
Hernandez, Evendiva	Student Hourly	9.59	A
Hinojos, Antonia	A&R Clerk	40.63	A
Huynh, John	FA Technician	42.49	A
Jones, LaQuita	Clerical Assistant	32.05	
Larson, Nancy	Coordinator	57.48	
Ledezma, Elizabeth	Technician	32.15	
Louie-Jue, Kim	Evaluator	42.25	
Lucero, Cheryl A.	Financial Aid Technician	38.30	
Luviano, Elizabeth	Student Hourly	10.86	
Mahoney, Leslie	Account Clerk II	40.72	
Martinez, Delores	Technician	39.66	
Masse, Ailed	Student Hourly	9.59	A
Medina, Fabian	Student Hourly	9.59	A
Miller, John	Accounting Technician	40.81	
Negrete, Rena R.	A&R Specialist	44.67	
Oropeza, Elaine	FA Technician	45.68	
Oropeza, Lourdes	FA Technician	50.07	
Padilla, Jayme	Evaluator	34.06	
Quan, Linh	Accounting Specialist	45.98	
Quilizapa-Torres, Claudia	Admissions Technician	34.58	A
Reid, Denise	A&R Technician	32.47	
Reza, Alan	Financial Aid Specialist	58.03	
Saghaei, Azar	Hourly Staff	8.93	
Samala, Brittany	A&R Clerk	40.63	A
Sandoval, Rebeca	Financial Aid Specialist	50.23	

Schedule 3A
North Orange County community College
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2007-2008
Average PHR

Schwiebert, Laurie	Administrative Assistant II	40.69
Thompson, Jeanne	Student Services Technician	36.62
Tran, Kimberly	Financial Aid Technician	42.77
Tushla, Nicol	Evaluator	45.52
Villegas, Fatima	FA Technician	33.55
Whitlow, Zachary	Student Hourly	9.59

A

Average **38.05**

Conclusion: Findings go forward to EFCW-2.

A: Average PHR used.

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District NOCCAD Department/Location FC - FINANCIAL AID
 Employee Name Susanna Abadzhyan Exact Position Title F/A TECHNICIAN
 Telephone # 25276 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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 Susanna Abadzhyan Date 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 MIN

EFCW 1.7-3

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

NOCCCD
District

ADMISSIONS & RECORDS
Department/Location

ALBERT ABUTIN
Employee Name

INTERIM DEAN, A + R
Exact Position Title

9927077
Telephone #

(12mo) 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 (07-08)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	NA			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	NA			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	NA			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	NA			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	NA			

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 Albert Abutin Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min.

EFCW 1.7-3

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

District NOCCCD Department/Location Admissions & Records
 Employee Name Enrica Adakai Exact Position Title Admin. Asst. II
 Telephone # 714-732-5133 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 **07-08**

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>n/a</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>n/a</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>n/a</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>n/a</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>n/a</u>			

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 Enrica Adakai Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

NOCCAD
District

FC - FINANCIAL AID
Department/Location

Maria Aguirre
Employee Name

FIA TECHNICIAN
Exact Position Title

25277
Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	20			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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 M. Aguirre

Date 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District: NOCCAS Department/Location: FC - FINANCIAL AID
 Employee Name: Jose Alcaraz Exact Position Title: F/A TECHNICIAN
 Telephone #: 25278 Work year length(circle): 12mo Fiscal Year: 05-06 · 06-07 · 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	20			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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: [Signature] Date: 8/29/08
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10

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

NOCCED
District FC Bursar
Claudia Beard Department/Location
Employee Name Account Clerk II
Exact Position Title
992-2555 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Claudia Beard Date 4-30-08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-3

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

MDCCD
District

Admissions & Records - Student Serv.
Department/Location

JOHN R BRADSHAW
Employee Name

Technician
Exact Position Title

(714) 732-5743
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>4</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 [Signature] Date SEP 02 2008

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District NOCCAS Department/Location FC - FINANCIAL AID
 Employee Name Roy Bustos Exact Position Title F/A TECHNICIAN
 Telephone # 25299 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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 Roy Bustos Date 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

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

NOCCCD
District

Financial Aid Office / CC
Department/Location

Roselle Calderon-Teneza
Employee Name

Financial Aid Specialist
Exact Position Title

714)484-7114
Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	2			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	7			

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 Roselle Calderon-Teneza Date 5/1/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

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

NOCCCO
 District B. Caro Department/Location Admissions & Records
 Employee Name Technician
 Telephone # 714 732-5735 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>NA</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>NA</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>NA</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>NA</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>NA</u>			

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 B. Caro Date 9/2/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

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

District NOCCCD

Department/Location Fullerton College Admissions Department

Employee Name Denny Chang

Exact Position Title Hourly Staff

714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

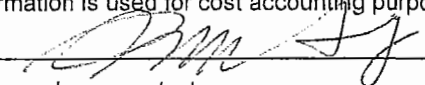
Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 9/12/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

NOCCCD
District

Bursars/FC
Department/Location

Danielle Cleaver
Employee Name

Student Hourly
Exact Position Title

(714) 992-7555
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2-3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 Danielle Cleaver Date 4/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

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

NOCCCD
District
Keith Cobb
Employee Name

Financial Aid
Department/Location
Director of Financial Aid
Exact Position Title

(7) 484-7116 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	9			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	11			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	6			

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 Keith Cobb Date 05/07/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

NOCCC
District

Fullerton Admissions Dept
Department/Location

Yessenia CORIA
Employee Name

Hourly
Exact Position Title

714) 992-7075
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature]

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

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

District NOCCCD
Employee Name Stephanie Creasman

Department/Location FULLERTON Admissions & Records
Exact Position Title Advisor

Telephone # 714) 992-7075
Work year length (circle) 2mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	n/a			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	n/a			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/a			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/a			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Stephanie Creasman Date 9-3-08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

NOCCCD
District

Admissions & Records / FC
Department/Location

Field DO
Employee Name

Evaluator
Exact Position Title

(714) 732-5748 Telephone # 12mo Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
<input checked="" type="checkbox"/> Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 9/3/08

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

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

NOCCCD
District

Bursar's Office FC
Department/Location

Jami Ebright
Employee Name

Account Clerk II
Exact Position Title

714-992-7560 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Ø			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	Ø			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	Ø			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	Ø			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	Ø			

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 Jami Ebright Date 5/5/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 1

EFCW 1.7-3
RECEIVED
 SEP 05 2008
 NOCCCD
 ACCOUNTS PAYABLE

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

NOCCCD
 District

FC ADMISSIONS & RECORDS
 Department/Location

AVA FELIX
 Employee Name

ADMISSIONS & RECORDS SPECIALIST
 Exact Position Title

714) 732-5734
 Telephone #

12mo / 1mo / 10mo / hrly
 Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 AVA FELIX Date 9/2/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2.0 MIN

EFCW 1.7-3

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

North Orange County
District

Admissions + Records
Department/Location

LKA FUNAOKA
Employee Name

Admissions + Records Technician
Exact Position Title

714/732-5736 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
12

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1.0</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>NA</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>NA</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>NA</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>NA</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>NA</u>			

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 [Signature] Date 9/2/06

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District NOCCAS Department/Location FC - FINANCIAL AID

Employee Name EVERADO GALVEZ Exact Position Title CERICAL ASST.

Telephone # 27091 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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 [Signature] Date 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District NOCCAS

Department/Location FC - FINANCIAL AID

Employee Name Rosa Garcia

Exact Position Title CLERICAL ASST.

Telephone # 25281

Work year length(circle) 12mo/11mo/10mo/hrly

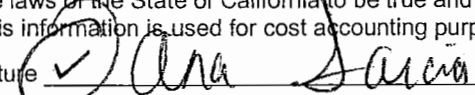
Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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 8/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

Nocca D
District

Fullerton / Bursar
Department/Location

Cynthia Klein
Employee Name

Wes. Campus Acctg
Exact Position Title

992-7556
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	1			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2			

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Employee Signature Cynthia Klein Date 6-2-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

NORTH ORANGE CNTY COMM. COLLEGE DIST. ADMISSIONS & RECORDS
 District Department/Location
ELIZABETH GUZMAN TECHNICIAN
 Employee Name Exact Position Title

(714) 732-5738 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08
 Telephone # Work year length(circle)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1-2 min.			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 9/12/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 15'

EFCW 1.7-3

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

N.O.C.C.C.D.
District
FAO / CC
Department/Location
JACKIE HA
Employee Name
STD SERV TECH
Exact Position Title

484-7118 Telephone # 12mo 11mo 10mo / hrly Work year length(circle)
Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10'			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10'			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15'			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10'			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	15'			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	13'			

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 Jackie Ha Date 4/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

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

NO CCD District A+R Bilentan College
Erendira Hernandez Department/Location
 Employee Name Student Hourly
 Exact Position Title
 Telephone # (714) 8080155 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>30sec</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature] Date 9/3/8

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-3

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

NOCCC
District

Admissions & Records
Department/Location

Antonia Hinojos
Employee Name

A & R clerk
Exact Position Title

714) 992-7075
Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Antonia Hinojos Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District: NOCCAS Department/Location: FC - FINANCIAL AID
 Employee Name: John Huynh Exact Position Title: F/A TECHNICIAN
 Telephone #: 252.82 Work year length(circle): 12mo Fiscal Year: 05-06 06-07 07-08
 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	20			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	30			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	20			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	30			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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: John Huynh Date: 8/29/08
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 minutes

EFCW 1.7-3

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

NACCCD
District

Financial Aid / Cypress
Department/Location

Ladwita Jones
Employee Name

Clerical Assistant I
Exact Position Title

ext 47089 12mo / 11mo / 10mo / hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	2			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 [Signature] Date 5-1-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

NOCCAS District FC - FINANCIAL AID Department/Location
Nancy Larson Employee Name COORDINATOR Exact Position Title
25275 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 05-06 06-07 07-08
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	20			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	15			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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 [Signature] Date 8/29/08
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

NORTH ORANGE COUNTY District
ADMISSIONS & RECORDS Department/Location
ELIZABETH LEDEZMA Employee Name
TECH Exact Position Title
732-5737 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

District NOCCCTD Department/Location Lowie, SEU Kim AIR

Employee Name Kim Lowie - JR Exact Position Title Evaluator

Telephone # 732-5746 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>NA</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>NA</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>NA</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>NA</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>NA</u>			

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Employee Signature Kim Lowie - JR Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

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

District NOCCCD Department/Location SSSI Financial Aid
 Employee Name Cheryl A. Lucero Exact Position Title Financial Aid Technician
 Telephone # ext. 47117 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>4</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>5</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>5</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>5</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>3</u>			

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Employee Signature Cheryl A. Lucero Date 05/11/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-3

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

MOCCLD
District

Admissions and Records
Department/Location

Elizabeth Luciano
Employee Name

Student hourly
Exact Position Title

(714) 595-2734 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Elizabeth Luciano Date 9.2.08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

N.O.C.C.C.-D
District

FC Bursar
Department/Location

Leslie Mahoney
Employee Name

Account Clerk II
Exact Position Title

992-7555
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	7			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature Leslie Mahoney Date 05-28-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 minutes

EFCW 1.7-3

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

District NOCED

Department/Location AI & R - Fullerton

Employee Name Delores Martinez

Exact Position Title Technician

Telephone # 732 5739 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	n/a			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	n/a			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/a			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/a			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	n/a			

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Employee Signature Delores Martinez Date 9-2-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7 min.

EFCW 1.7-3

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

NOCCCD

District

Aleed Masse

Employee Name

Admissions & Records

Department/Location

Student Hourly

Exact Position Title

(714) 603-8225 12mo/11mo/10mo/hrly

Telephone #

Work year length(circle)

Fiscal Year:

05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2 min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>2 min</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Aleed Masse

Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2mm

EFCW 1.7-3

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

NOCCCO
District
Fabian Medina
Employee Name

Admissions & Records
Department/Location
Student Hourly Clerk
Exact Position Title

(714) 603-8225
Telephone #

12mo / 11mo / 10mo / hrly
Work year length (circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1.

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2mm			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	n/a			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	n/a			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/a			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/a			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	n/a			

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Employee Signature Fabian Medina Date 9/4/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min.

EFCW 1.7-3

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

District Noccd

Department/Location BURSAR'S OFFICE / FULLERTON COLLEGE

Employee Name John Miller

Exact Position Title ACCOUNTING TECHNICIAN

Telephone # 714-992-7555 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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Employee Signature John Miller Date 4/29/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1/min

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

District NOCOD Department/Location A&R
 Employee Name Rena R. Negrete Exact Position Title A&R Specialist
 Telephone # 732-5710 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Rena R. Negrete Date 9/2/08
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District NOCCCD Department/Location FC - FINANCIAL AID

Employee Name ELAINE OLOPEZA Exact Position Title F/A TECHNICIAN

Telephone # 25283 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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Employee Signature Elaine Oropesa Date 8/29/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District NOCAS Department/Location FC - FINANCIAL AID
 Employee Name Lourdes Oropeza Exact Position Title F/A TECHNICIAN
 Telephone # 25284 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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Employee Signature Lourdes Oropeza Date 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3mins

EFCW 1.7-3

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

No. Orange County District
Jayme Padilla Employee Name
Admissions & Records Department/Location
Evaluator Exact Position Title

714) 732-5745 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	NA			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	NA			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	NA			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	NA			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	NA			

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 Jayme Padilla Date 9/2/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 min.

EFCW 1.7-3

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

NOCCC
District

Admissions + Records
Department/Location

Veronika Perez
Employee Name

High School
Exact Position Title

714) 992-7075
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>n/a</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>n/a</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>n/a</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>n/a</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>n/a</u>			

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Employee Signature Veronika Perez Date 09-07-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

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

NOCCCD
District

BURSAR'S OFFICE / 2000 BLDG
Department/Location

LINH QUAN
Employee Name

ACCOUNTING SPECIALIST
Exact Position Title

714.992.7555 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature  Date 5-1-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 2

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

Noah Orange County District
Fullerton Admissions Department/Location
Claudia Quilizapa-Torres Employee Name
Admissions Tech Exact Position Title
714-737-5741 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>NA</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature] Date 9/14/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

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

NOCCCD District Admission & Records Department/Location
DENISE REID Employee Name AGR Tech Exact Position Title
25742 Telephone # 12mo Work year length(circle) Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Denise Reid Date 8/1/08

If you have any questions, please contact _____ at _____
 PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

EFCW 1.7-3

How long did it take you to fill out this form? 5

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

District: No CCD Department/Location: Financial Aid - CCCplex
 Employee Name: Alan Reza Exact Position Title: Financial Aid Specialist

Telephone #: (714) 484-7114 ext. 7 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	9			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	11			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	6			

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

EFCW 1.7-3

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 Alan Reza

Date 4/25/08

If you have any questions, please contact KC. THROSS, at (714) 484-7114

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

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

NOCCCD

Admission & Records office

District

Department/Location

Azar Saghaei

Hourly Clerck

Employee Name

Exact Position Title

992-7075 12mo/11mo/10mo/hrly

Fiscal Year: 05-06 06-07 07-08

Telephone # Work year length(circle)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	NA			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	NA			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	NA			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	NA			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	NA			

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 Azar Saghaei Date 9/4/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1m

EFCW 1.7-3

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

NOCED
District

Admissions & Records
Department/Location

Bruce Haney - SANATA
Employee Name

Admissions & Records Student Clerk
Exact Position Title

714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	NA			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	NA			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	NA			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	NA			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	NA			

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Employee Signature Bruce Haney Date 9/7/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

District: NOCED Department/Location: CYPRESS FINANCIAL AID
 Employee Name: Rebeca SANDOVAL Exact Position Title: FINANCIAL AID SPECIALIST
 Telephone #: 484.7119 Work year length(circle): 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	1			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	1			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	1			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	2			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2			

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Employee Signature: Rebeca Sandoval Date: 4/29/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 1.7-3

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

District: NOCCCD Department/Location: FC - FINANCIAL AID
 Employee Name: Laurie Schwiebert Exact Position Title: ADMIN ASSISTANT
 Telephone #: 25285 Work year length(circle): 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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Employee Signature: Laurie J. Schwiebert Date: 8/29/08

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 6 minutes

EFCW 1.7-3

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

North Orange County Community College
District

Financial Aid / Cypress College
Department/Location

Jeanne Thompson
Employee Name

Student Services Technician
Exact Position Title

(714) 484-7000 X45013 Telephone #
12mo Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>30 minutes</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>30 minutes</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>n/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>n/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>n/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>n/A</u>			

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 Jeanne Thompson Date 4/30/08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-3

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

District NOCCCD Department/Location ESS/ CYPRESS
 Employee Name Kimberly Tran Exact Position Title Fin. Aid Tech
 Telephone # x48120 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	NA			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	NA			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	NA			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	NA			

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 Kimberly Tran Date 5-1-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

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

District Necoco Department/Location A+R

Employee Name Nicol Tishle Exact Position Title Evaluator

Telephone # (714) 730-5747 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Nicol Tishle Date 9-3-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 MIN

EFCW 17-3
RECEIVED
 SEP 03 2008
 NOCCCD
 ACCOUNTS PAYABLE

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

District NOCCCD Department/Location FC - FINANCIAL AID
 Employee Name FATIMA VILLEGAS Exact Position Title FIA TECHNICIAN
 Telephone # 25286 Work year length(circle) 12mo Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>15</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>20</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>15</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>20</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10</u>			

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 ✓ Fatima Villegas Date 8/29/08

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

NOCCCD
District

Admissions & Records/Fullerton College
Department/Location

Zachary E. Whitlow
Employee Name

Student Hourly
Exact Position Title

(562) 645-3918
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 05-06 06-07 07-08

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1.5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Zachary E. Whitlow Date 9-3-08

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Collection and Waivers
 Fiscal Year 2006-2007 through 2007-2008
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source		Total	
			06-07	07-08
EFC 1	1.8-1 1.	Enrolled Students	83,159	84,740
EFC 2	1.8-1 2.	Paid Enrollment fees	68,239	56,135
EFC 3	1.8-1 3.	Exempted from enrollment fees (BOGG, etc.)	14,920	28,605
EFC 4	1.8-2 1.	Delinquencies collections	589	1,240
EFC 5	1.8-2 2.	Refunds	4,843	5,749
EFC 6	1.8-3 1.	Waivers Requested	30,300	30,650
EFC 7	1.8-3 2.	Waivers Approved	28,003	29,375
EFC 8	1.8-3 (1-2)	Waivers Denied	2,297	1,275

Conclusion: Findings will go forward to the Schedule 1A and 1B.

***EFC/EFW Workload Multiplier**

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

EFCW 1.8-1

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Number of students enrolled each fiscal year. (Not FTE's)			
Summer			<i>Please see attached</i>
Fall			
Winter/ Intersession			
Spring			
Total			
2. Number of students who paid enrollment fees:			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			
3. Number of students exempted from paying enrollment fees (BOGG, etc):			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			✓

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Employee Signature: *K. Vyas* Date 12/5/08

Kashu Vyas
Employee Name: (print)

Accounting Specialist
Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1.8-1

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	2007	13,834	21,079
Spring	2008	13,606	20,237
Summer	2008	6,105	9,879
Totals 2007-08		33,545	51,195

total 84,740

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2. NOTE: Only have annual totals

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
Fall	2007	8,810	14,277
Spring	2008	8,345	13,650
Summer	2008	4,038	7,015
Totals 2007-08		21,193	34,942

total 56,135

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3. NOTE: Only have annual totals

Source: Banner a/o 12/4/08

NOTE: CCCO Website no longer presents the unique counts for BOG.

Since we took this from Banner, we are presenting Fall 2006, Spring 2007 and Summer 2007 below, which is consistent with our academic year info in Banner.

Term	Yr	Cypress	Fullerton
Fall	2007	5,024	6,802
Spring	2008	5,261	6,587
Summer	2008	2,067	2,864
Totals 2007-08		12,352	16,253

total 28,605

EFCW 1.8-2

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement.
Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Number of enrollment fee accounts receivable requiring collection:			
Summer			<i>please see attached</i>
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility			
Summer			
Fall			
Winter/Intersession			
Spring			
Total			✓

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: *Kashu Vyas* Date 12/5/07

Kashu Vyas
Employee Name: (print)

Accounting Specialist
Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1.8-2

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1.

Source: Banner a/o 12/4/08

Term	Yr	Cypress	Fullerton
Fall	2007	201	228
Spring	2008	213	268
Summer	2008	142	188

Subtotal total 556 684

Combined total = 1,240

112

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2.

Source: Banner

Term	Yr	Cypress & Fullerton Combined
Fall	2007	2,887
Spring	2008	1,945
Summer	2008	917

total 5749

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals
Source: Banner

1.8 - 3

Academic Year	Cypress	Fullerton
2007-08	13,058	17,592

total 30,650

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals
Source: Banner

Academic Year	Cypress	Fullerton
2007-08	12,694	16,681

total 29,375

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
2007-08	364	911

total 1,275

**CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2007-08 SECOND PRINCIPAL APPORTIONMENT**

EXHIBIT A

**NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ORANGE COUNTY**

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU. MAY 2008	JUNE PAYMENT	TOTAL PAID THRU. JUNE 2008
GENERAL APPORTIONMENT	90,882,112	83,302,116	2,030,090	85,332,206
ENROLL FEE ADMIN (2%)	102,049	93,885	8,164.00	102,049
APPRENTICE ALLOWANCE	25,564	22,950	2,614	25,564
BASIC SKILLS	1,206,862	946,030	260,832	1,206,862
S. F. A. A.	1,024,676	942,702	81,974	1,024,676
E. O. P. S.	2,464,121	2,117,228	346,893	2,464,121
C. A. R. E.	312,314	287,329	24,985	312,314
D. S. P. S.	2,651,704	2,439,568	212,136	2,651,704
STATE HOSPITALS	0	0	0	0
CALWORKS	813,445	694,549	118,896	813,445
MATRICULATION (CREDIT)	1,791,719	1,639,181	152,538	1,791,719
MATRICULATION (NONCREDIT)	1,495,153	1,375,541	119,612	1,495,153
FAC. & STAFF DIVERSITY	31,360	28,851	2,509	31,360
PART-TIME FACULTY ALLOCATION	1,561,487	1,436,568	124,919	1,561,487
TELECOMMUNICATIONS	99,186	66,908	32,278	99,186
INST. EQUIPMENT & LIBRARY	380,288	349,865	30,423	380,288
SCHDL. MAINT. & REPAIRS	380,322	349,896	30,426	380,322
TANF	133,264	122,603	10,661	133,264
ECONOMIC DEVELOPMENT	2,130,693	1,867,318	-77,536	1,789,782
NURSING EDUCATION	388,393	103,677	284,716	388,393
OTHER ADJUSTMENTS	0	0	0	0
STATE CAREER TECH. EDUCATION	0	0	0	0
CHILDCARE TAXBAILOUT	0	0	0	0
TRANSFER & ARTICULATION	10,000	10,000	0	10,000
SCHDL. MAINT. & INST. EQUIPMENT	206,997	211,338	-4,341	206,997
PART-TIME FAC OFFICE HOURS	0	0	0	0
PART-TIME FAC INS.	0	0	0	0
PRIOR YEAR CORRECTION	1,706,237	1,706,292	-55	1,706,237
TOTAL	109,797,946	100,114,395	3,792,734	103,907,129

Sc 5
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007 through 2007-2008
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-4 and attachments from district office.

Findings:

Source	Item	06-07	07-08
1.8-4 line 3	Net Revenue Received	\$ 9,725,281	\$ 9,078,625
p/E.C. 76300 (c)	2% of Revenue Rec'd.	\$ 194,506	\$ 181,573
This data is for comparison with CCCC 2% calculation directly below.			
1.8-4 line 4A	Enrollment Fees Waived	\$ 5,515,776	\$ 5,117,105
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 110,316	\$ 102,342
06-07 through 07-08 unit fee			
1.8-4 line 5	Fall	112,356	117,501
	Spring	108,024	116,603
	Winter/Interssion		
	Summer	20,088	21,753
	Total # of credits	240,468	255,857
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)	\$ 218,826	\$ 232,830
Summary			
1.8-4 line 4B.	2% of Fees Waived	\$ 110,316.00	\$ 102,342.00
1.8-4 5	Credit Units Waived	\$ 218,826	\$ 232,830
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 329,142	\$ 335,172

EFCW 1.8-4

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	05-6	06-7	07-8
1. Enrollment Fees Collected	\$	\$	\$ <i>please</i>
2. Enrollment Fees Refunded	\$	\$	\$ <i>see</i>
3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$ <i>attached</i>
4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$
5 Number of credit units for which enrollment fees were waived.	/	/	/
A. Summer			
B. Fall			
C. Winter/Intersession			
D. Spring			
TOTAL x \$0.91 per credit			/

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: *K. Vyas* Date 12/5/08
 Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1.8-4

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2007-08	3,335,997	5,644,467
---------	-----------	-----------

total = 8,980,464

2 10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees.

**

NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2007-08	732,468	1,185,098
---------	---------	-----------

total = 1,917,566

3 11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2007-08	3,376,705	5,701,920
---------	-----------	-----------

total = 9,078,625

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2007-08	2,079,440	2,952,810	CCCO Website presents the year as Sum
---------	-----------	-----------	---------------------------------------



Banner presents the year as Fall - Summer info I used in calculating the answers for Items 9 - 11 above.

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall	2007	963,310	1,386,690
Spring	2008	979,680	1,362,380

Summer	2008	181,095	253,950
--------	------	---------	---------

Totals 2007-08		2,124,085	2,993,020
-----------------------	--	------------------	------------------

total 5,117,105

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall	2007	48,166	69,335
------	------	--------	--------

Spring	2008	48,984	67,619
--------	------	--------	--------

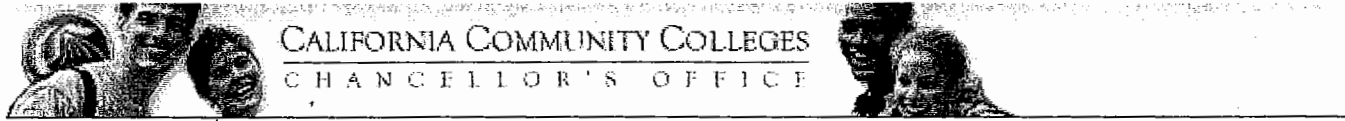
Summer	2008	9,055	12,698
--------	------	-------	--------

total
 117,501 FALL
 116,603 SPRING
 21,753 SUMM.
 255,857 total

** The refund numbers are overstated with regards to waivers. We were unable to identify enrollment refunds. All refunds are lumped together when being paid on

*** We are unable to separately identify the gross enrollment fees that were collected subsequent refunds. The enrollment fee amounts are net of any reversals due enrollment levels (e.g., dropped classes).

1.8-4
 1.8-4 pg 2
 4A
 Cypress
 Fullerton
 total
 #5
 FALL
 SPRING
 SUMMER
 total



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2007-2008**

Data Current As Of December 06, 2008 09:11:46

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	75	26,110
BOGW - Part B based on income standards	3,749	997,270
BOGW - Part C based on financial need	2,927	1,056,060

total 6,751
Total Amount = \$ 2,079,440

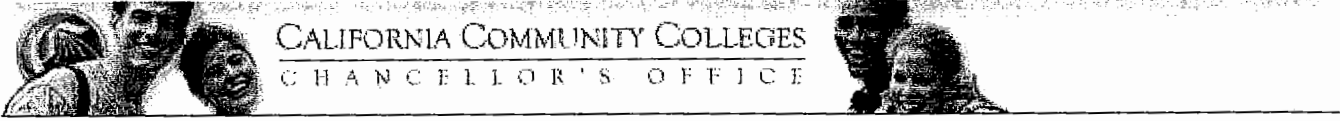
[Back to Top of Page](#)

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CY 2008

0	0
0	0
75	+
3,749	+
2,927	+
6,751	*
121	+
4,211	+
5,738	+
3,715	*
5,715	+
5,751	+
11,415	+

FIN AID
Head count
Full time
combined



Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2007-2008**

Data Current As Of December 06, 2008 09:12:01

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	121	37,580
BOGW - Part B based on income standards	4,800	1,422,320
BOGW - Part C based on financial need	3,794	1,492,910

J. J. J. *8,715*

Total Amount = \$ 2,952,810

[Back to Top of Page](#)

S 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007 through 2007-2008
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW-1)	2006-07	2007-08
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)		
2	Staff Training	(04)(B)(1)(b)	\$ 388.56	\$ 459.84
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)		
4	Waiving student fees	(04)(B)(2)(b)	\$ 279,745.12	\$ 911,514.40
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 3,497.04	\$ 4,138.56
6	EFCW - Fee Waiver Costs	Total	\$ 283,630.72	\$ 916,112.80
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 329,142.00	\$ 335,172.00
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (45,511.28)	\$ 580,940.80
	Offset Amount to Claim	To EFCW -1, line 10	\$ 283,630.72	\$ 335,172.00

Conclusion: If line 8 is negative, then line 6-"Total EFCW waiver costs" will be carried forward to EFCW-1, line 10. Otherwise, line 7-"Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW-1, line 10.

Schedule 6
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2007-2008
Student Headcount Summary

Purpose: To calculate student headcount.

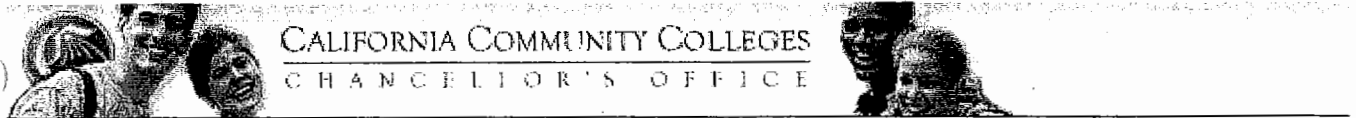
Source: California Community Colleges Chancellor's Office website.

Findings:

College	Term	Headcount
Cypress	Summer	5,476
	Fall	13,834
	Spring	13,606
Fullerton	Summer	9,193
	Fall	21,079
	Spring	<u>20,237</u>

83,425

Conclusion: Not used. Used data provided by college on EFCW 1.8-1.



Student Demographics

Student Total Headcount For Cypress For 2007 Summer Term

Data Current As Of November 05, 2008 09:48:11

Total Headcount	5,476
------------------------	-------

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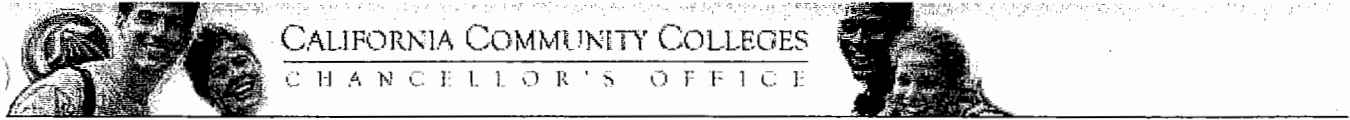
Student Demographics

Student Total Headcount For Cypress For 2007 Fall Term

Data Current As Of November 05, 2008 09:48:19

Total Headcount	13,834
------------------------	---------------

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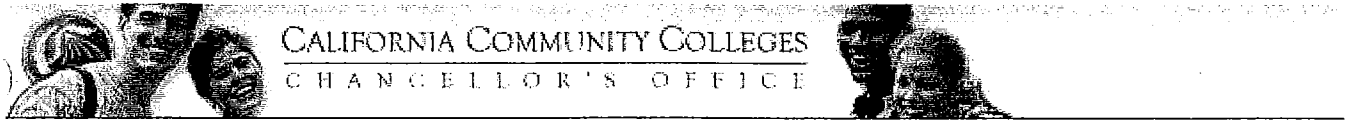
Student Demographics

**Student Total Headcount For Cypress
For 2008 Spring Term**

Data Current As Of November 05, 2008 09:48:30

Total Headcount	13,606
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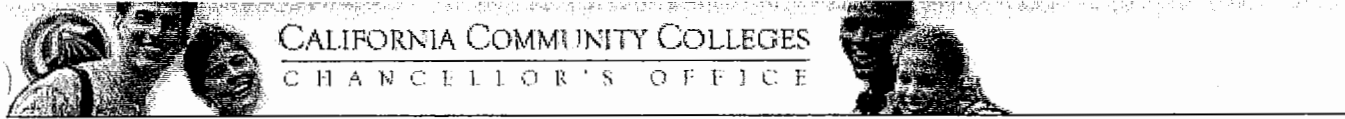
Student Demographics

**Student Total Headcount For Fullerton
For 2007 Summer Term**

Data Current As Of November 05, 2008 09:51:01

Total Headcount	9,193
------------------------	--------------

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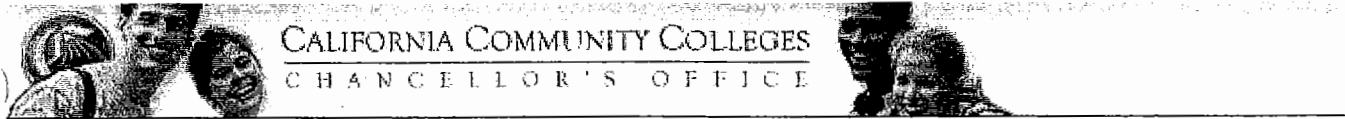
Student Demographics

Student Total Headcount For Fullerton For 2007 Fall Term

Data Current As Of November 05, 2008 09:50:56

Total Headcount	21,079
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Student Demographics

Student Total Headcount For Fullerton For 2008 Spring Term

Data Current As Of November 05, 2008 09:50:46

Total Headcount	20,237
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North Orange Community College District
 08/95 Enrollment Fee and Collection Waiv
 Fiscal Year 2007-2008
 Average PHR

Purpose: To calculate an average PHR from staff on EFCW.

Source: EFCW 1.7-2, 1.7-3 and PHR list.

Findings:

Staff	Title	07-08	Avg.
Davis, Christy	A&R Specialist	40.57	
Felix, Ana	A&R Specialist	55.86	
Negrete, Rena R.	A&R Specialist	44.67	
Nguyen, Tuan	A&R Specialist	47.68	47.20
Dean, Brian	A&R Technician	35.61	
Funaoka, Lisa	A&R Technician	38.09	
Ledezma, Elizabeth	A&R Technician	32.15	
Reid, Denise	A&R Technician	32.47	34.58
Beard, Claudia	Account Clerk II	40.53	
Mahoney, Leslie	Account Clerk II	40.72	40.63
Leopold, Maureen	Accounting Specialist	53.59	
Quan, Linh	Accounting Specialist	45.98	49.79
Kanaan, Jay	Accounting Technician	46.76	
Miller, John	Accounting Technician	40.81	
Morales, Lisa	Accounting Technician	45.67	44.41
Becerrill, Shelley	Cashier/Registration Clerk	10.41	
Nelson, Brittany	Cashier/Registration Clerk	9.86	10.14
Jones, LaQuita	Clerical Assistant	32.05	
Truong, Jason	Clerical Assistant	29.51	
Ramos, Amanda	Clerical Assistant I	36.36	32.64
Larson, Nancy	Coordinator	57.48	
Cobb, Keith	Director, Financial Aid	68.00	
Chang, Ly	Evaluator	40.26	
Do, Field	Evaluator	54.30	
Louie-Jeu, Kim	Evaluator	42.25	
Miranda, Sandra	Evaluator	34.95	
Padilla, Jayme	Evaluator	34.06	
Tushla, Nicol	Evaluator	45.52	41.89
Abadzhyan, Susanna	FA Technician	35.73	
Aguirre, Maria	FA Technician	39.76	
Alcaraz, Jose	FA Technician	44.06	
Bustos, Ray	FA Technician	52.49	
Oropeza, Elaine	FA Technician	45.68	
Oropeza, Lourdes	FA Technician	50.07	
Villegas, Fatima	FA Technician	33.55	
Lucero, Cheryl A.	Financial Aid Technician	38.30	
Tran, Kimberly	Financial Aid Technician	42.77	42.49
Calderon-Teneza, Roselle	Financial Aid Specialist	44.77	
Reza, Alan	Financial Aid Specialist	58.03	
Sandoval, Rebeca	Financial Aid Specialist	50.23	51.01
Coria, Yessenia	Hourly	8.97	
Saghaei, Azar	Hourly Clerk	8.93	
Luviano, Elizabeth	Student Hourly	10.86	9.59

North Orange Community College District
 08/95 Enrollment Fee and Collection Waive
 Fiscal Year 2007-2008
 Average PHR

Staff	Title	07-08	Avg.
Majdali, Emily	Hourly Accounting Technician	34.90	
Grein, Cyndi	Manager, Campus Accounting	61.47	
Harter, Renie	Manager, Campus Accounting	75.44	68.46
Ford, Regina	Registrar	73.52	
Henry, Kevin	Registration Clerk	11.29	
Ha, Jackie	STD Service Technician	48.08	
Thompson, Jeanne	Student Services Technician	36.62	
Caro, Barbara	Technician	48.69	
Guzman, Elizabeth	Technician	42.99	
Martinez, Delores	Technician	39.66	43.78

Conclusion: Findings go forward to Schedule 2A and Schedule 3A.

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 07-08 and the missing rates for 06-07.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	Fiscal Years:	
		06-07	07-08
	AVERAGE ACCOUNTING TECH	\$ 16.11	\$ 43.08
	AVERAGE ADMINISTRATIVE ASSISTANT	\$ 57.91	\$ 45.71
	AVERAGE ADMISSIONS TECHNICIAN		
	AVERAGE BURSAR	\$ 64.55	
	AVERAGE CLERICAL ASSISTANT	\$ 31.34	\$ 38.89
	AVERAGE COUNSELOR		
	AVERAGE CUSTODIAN	\$ 27.84	\$ 37.37
A BUTTINO, ALBERT	AVERAGE DEAN	\$ 62.75	\$ 97.31
	AVERAGE DIRECTOR	\$ 63.14	\$ 87.66
	AVERAGE EVALUATOR	\$ 39.44	\$ 41.89
	AVERAGE FACILITIES ASSISTANT		
	AVERAGE FINANCIAL AID SPECIALIST		
	AVERAGE GROUNDSKEEPER		
	AVERAGE HOURLY SUPPORT STAFF	\$ 12.72	\$ 9.77
	AVERAGE INSTRUCTOR	\$ 56.09	\$ 86.59
	AVERAGE MANAGER	\$ 53.09	\$ 73.81
	AVERAGE TECHNICIAN	\$ 32.46	\$ 42.38
ABADZHYAN, SUSANNA	FC-FINANCIAL AID TECHNICIAN	\$ 30.35	\$ 35.73
ACIERNO, MICHAEL	WAREHOUSE COORDINATOR		\$ 47.39

SixT and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
ADAKAI, ERICKA	ADMINISTRATIVE ASSISTANT II		\$ 33.15
AGUIRRE, MARIA	FINANCIAL AID TECHNICIAN	\$ 34.51	\$ 39.76
ALCARAZ, JOSE	FC-FINANCIAL AID TECHNICIAN	\$ 37.87	\$ 44.06
ALDRETE, GUADALUPE	HOURLY CLERICAL		\$ 13.21
ALIBRANDI, LUCINDA	INSTRUCTOR	\$ 72.95	\$ 92.68
ALLEN-COURTNEY, AKILAH	CC-A&R RECORDS EVALULATOR SPECIALIST	\$ 46.94	\$ 44.90
ALMARAZ, ARTURO	CC-A&R CLERICAL ASSISTANT-40%	\$ 32.95	\$ 44.56
ALTON, MEG	CC-A&R TECHNICIAN	\$ 30.90	\$ 35.15
ASAM, JOHN	HOURLY SUPPORT STAFF		\$ 11.28
AURE, R. ALLEN	FC-A&R TECHNICIAN-LEFT DIST 10/26/07	\$ 36.17	\$ 46.37
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE	\$ 66.16	\$ 69.53
BARROW, LINDA	HR SPECIALIST	\$ 54.36	\$ 57.21
BARTLETT, KIM	DIRECTOR, DSPS	\$ 82.09	\$ 86.74
BASSLER, JENNIFER	FC-A&R HOURLY STAFF SUPPORT	\$ 11.18	\$ 12.62
BEARD, CLAUDIA	FC-BURSAR'S OFFICE-ACCOUNT CLERK II	\$ 37.42	\$ 40.53
BECERRIL, SHELLY	HOURLY REGISTRATION		\$ 10.41
BEELER, RON	DIST. DIRECTOR-FACILITIES	\$ 93.37	\$ 98.12
BEERS, SUSAN	DIVISION DEAN-retired 5/31/08	\$ 94.27	\$ 112.16
BENNETT, BARBARA	INSTRUCTOR	\$ 58.53	\$ 73.55
BETTENDORF, PAM	ADMINISTRATIVE ASSISTANT iii	\$ 45.10	\$ 50.59
BOYD-DAILEY, NANCY	HR SPECIALIST	\$ 47.65	\$ 50.00

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
BRADSHAW, JOHN	A&R TECHNICIAN		
BURCHFIELD, JERRY	INSTRUCTOR	\$ 74.97	\$ 86.22
BURNS, KRIS	REGISTRAR	\$ 76.78	RETIRED
BUSTOS, RAYMOND	FC-FINANCIAL AID TECHNICIAN	\$ 46.38	\$ 52.49
BYRNES, NANCY	VP EDUC SUPPORT/PLAN	\$ 111.52	RETIRED
CALDERON-TENEZA, ROSELLE	CC-FINANCIAL AID TECHNICIAN	\$ 38.88	\$ 44.77
CANT, KAREN	INTERIM VP	\$ 90.19	\$ 99.17
CARNES, MATT	CUSTODIAN I		\$ 35.10
CARO, BARBARA	FC-A&R TECHNICIAN	\$ 43.94	\$ 48.69
CARRITHERS, JOE	INSTRUCTOR	\$ 71.41	\$ 85.19
CARTER, PATRICIA	CC-BURSAR'S OFFICE ACCOUNT-TECHNICIAN	\$ 51.90	LEFT DISTRICT
CHAMBERS, TERRY	BENEFITS SPEC	\$ 40.06	\$ 44.06
CHANG, LY	EVALUATOR		\$ 40.26
CLARK, ANTIONESE new name coming	ADMINISTRATIVE ASSISTANT II	\$ 33.66	\$ 39.31
COBB, KEITH	CC-DIRECTOR FINANCIAL AID	\$ 62.32	\$ 68.00
CORDELL, BRUCE	DEAN, NATURAL SCIENCE	\$ 80.91	\$ 87.82
CORIA, YESSENIA	HOURLY SUPPORT STAFF		\$ 8.97
COTTER, SANDRA	EXECUTIVE ASSISTANT III	\$ 54.73	\$ 62.20
CRAIG, DALE	INSTRUCTOR	\$ 85.58	\$ 89.73
CRUZ, CARRIE	FC-CLERICAL ASSISTANT	\$ 31.20	\$ 36.80
CUPINO, JEFF	HOURLY SUPPORT STAFF		\$ 11.12

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
DAIN, CLAUDETTE	DIRECTOR, FISCAL AFFAIRS	\$ 85.66	\$ 94.26
DAVIS, CHRISTY A.	A&R SPECIALIST		\$ 40.57
DAXON, REGINA (FORMLY HITCHCOCK)	INSTRUCTIONAL ASSISTANT, COMPUTER LAB	\$ 39.75	\$ 43.59
DEAN, BRIAN	CC-A&R TECHNICIAN	\$ 30.78	\$ 35.61
DeMARKEY, NINA	DIVISION DEAN	\$ 77.63	\$ 85.64
DIESENBRUCH, ROSEMARY	ACCOUNTING TECHNICIAN	\$ 36.32	\$ 42.21
DILLON, ANDREW	FC-A&R HOURLY STAFF SUPPORT	\$ 10.93	\$ 11.10
DO, DAO	INTERIM DIRECTOR, BUDGET & FINANCE	\$ 44.50	\$ 88.35
DO, FIELD	EVALUATOR		\$ 54.30
DONLEY, STEVEN	DIVISION DEAN	\$ 96.03	\$ 100.75
DONOVAN, LEXI	PROFESSIONAL EXPERT	LEFT DISTRICT	\$ 63.52
DOOLY, GEORGE	COUNSELOR	\$ 77.60	\$ 77.06
DRAKE, DONORAN	CC-A&R CLERICAL ASSISTANT (left district 3/27/07)	\$ 31.41	LEFT DISTRICT
DUNCAN, STEVE	DISTRICT DIRECTOR, HR	\$ 96.00	\$ 101.03
EALY, SARA	FC-A&R HOURLY OFFICE CLERK	\$ 9.23	\$ -
EDWARDS, ARNETTE	CC-FINANCIAL AID TECHNICIAN	\$ 42.20	\$ 53.08
ENTEZAMPOUR, MO	DIVISION DEAN, SCIENCE, ENGINEERING & MATH (LEFT DISTRICT 6/30/07)	\$ 107.28	LEFT DISTRICT
FANGMEYER, DANIEL	CUSTODIAN I		\$ 38.09
FELIX, ANA	FC-A&R SPECIALIST	\$ 49.31	\$ 55.86
FILIPPI, GEOVANNI	CC-A&R CLERICAL ASSISTANT I-LEFT DISTRICT	\$ 26.53	\$ 36.45
FISHER, SANDRA	HOURLY REGISTRATION		\$ 9.55

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	Fiscal Years:	
		06-07	07-08
FISHMAN, DARLENE	DIRECTOR NURSING	\$ 78.78	\$ 79.45
FITZGERALD, COLLEEN	FC-A&R HOURLY TECHNICIAN	\$ 13.50	\$ 13.38
FONG, PETER	DEAN, ADMISSIONS/RECORDS-LEFT 6/30/08	\$ 93.05	\$ 101.55
FORD, REGINA	CC-A&R REGISTRAR	\$ 67.30	\$ 73.52
FOSTER, PATRICIA	FC-A&R OFFICE COORDINATOR	\$ 58.76	\$ 65.69
FRANKS, JOE	INSTRUCTOR	\$ 67.78	\$ 83.85
FUNAOKA, LISA	FC-A&R TECHNICIAN	\$ 33.72	\$ 38.09
GAMBOA, JORGE	PROGRAM ASSISTANT/ESL	\$ 52.82	\$ 57.67
GISKA, MARY LOU	CC DIRECTOR HEALTH SERVICES	\$ 60.58	\$ 73.15
GLATTY, MARILYN	DIVISION DEAN, FINE ARTS	\$ 97.72	RETIRED
GOMBER, BRIAN	CUSTODIAN	\$ 21.43	\$ 41.47
GOMBER, LISA	ADMINISTRATIVE ASSISTANT III	\$ 49.60	\$ 54.70
GREENHALGH, MARK	INTERIM DEAN	\$ 84.05	\$ 90.12
GREIN, CYNDI	MANAGER, CAMPUS ACCOUNTING	\$ 56.28	\$ 61.47
GRIMES, KELLY	EOPS PROGRAM COORDINATOR	\$ 51.91	\$ 66.15
GUZMAN, ELIZABETH	FC-A&R TECHNICIAN	\$ 38.66	\$ 42.99
HA, JACKIE	CC-FINANCIAL AID TECHNICIAN	\$ 42.35	\$ 48.08
HANNON, ANDREA	DIV DEAN HEALTH SERVICES-RETIRED 7/1/08	\$ 92.67	\$ 109.33
HARTER, RENIE	CC-BURSAR'S OFFICE-MANAGER, CAMPUS ACCTING	\$ 71.89	\$ 75.44
HEBSON, CHRIS	IT SPEC., SYSTEMS ANALYST	\$ 61.12	\$ 67.70
HENRY, DIANE	DIVISION DEAN	\$ 92.67	\$ 97.48

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
HENRY, KEVIN	REGISTRATION CLERK	\$ 10.49	\$ 11.29
HERNANDEZ, JERI	ADMINISTRATIVE ASSISTANT II		\$ 40.55
HERRERA, EDGAR ALEX	INSTRUCTOR	\$ 68.38	\$ 89.59
HOBSON, TORI	HOURLY SUPPORT STAFF		\$ 8.96
HORSLEY, JEFF	VICE CHANCELLOR HR	\$ 134.50	\$ 141.85
HUBBARD, VANIETHIA	PROGRAM ASSISTANT/OAP	\$ 47.72	\$ 61.58
HUNTER, JEROME	CHANCELLOR-RETIRED 6/30/08	\$ 151.07	\$ 200.96
JENSEN, BOB	DEAN, FINE ARTS	\$ 88.54	\$ 96.43
JIMENEZ, PETER	HOURLY SUPPORT STAFF		\$ 9.02
JONES, LaQUITA	CLERICAL ASSISTANT I		\$ 32.05
KANAAN, JIHAD (JAY)	CC-BURSAR'S OFFICE-ACCOUNT TECHNICIAN	\$ 41.26	\$ 46.76
KASLER, MIKE	PRESIDENT-CC	\$ 110.55	\$ 126.67
LAM, TINA	FC-FINANCIAL AID TECHNICIAN (LEFT DISTRICT 7/27/06)	\$ 28.72	LEFT DISTRICT
LARSEN, DENISE	PROGRAM ASSISTANT/DSPS	\$ 62.66	\$ 68.43
LARSON, NANCY	FC-FINANCIAL AID OFFICE COORDINATOR	\$ 48.57	\$ 57.48
LEDEZMA, ELIZABETH	ADMISSIONS TECHNICIAN		\$ 32.15
LEDEZMA, STEPHEN	FC-A&R HOURLY	\$ 11.28	\$ -
LEE, PAT	DIST MGR PAYROLL	\$ 73.77	\$ 77.35
LEOPOLD, MAUREEN	CC-BURSAR'S OFFICE ACCOUNTING SPECIALIST	\$ 48.64	\$ 53.59
LEWIS, MARJORIE	PRESIDENT- CYPRESS COLLEGE (retired 7/1/06)	\$ 152.58	RETIRED

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
LEYSON, ELIZABETH	INTERIM EXEC VP (3/1/07 to 6/30/07)	\$ 106.00	RETIRED
LOUIE-JEU, KIM	EVALUATOR		\$ 42.25
LUCERO, CHERYL	FINANCIAL AID TECHNICIAN		\$ 38.30
LUSCH, ROD	SKILLED MAINTAINANCE MECH	\$ 50.48	\$ 55.31
LUVIANO, ELIZABETH	FC-A&R HOURLY OFFICE CLERK	\$ 10.41	\$ 10.86
MAERTENS, TINA	CC-A&R-CLERICAL ASSISTANT I	\$ 32.62	\$ 36.04
MAHONEY, LESLIE	ACCOUNT CLERK II	\$ 37.13	\$ 40.72
MAJDALI, UMAIYLAH	HOURLY ACCOUNTING TECHNICIAN		\$ 34.90
MARTINEZ, DELORES	A&R TECHNICIAN		\$ 39.66
MARTINEZ, MONICA	FC-A&R HOURLY TRANSCRIPT CLERK	\$ 10.42	\$ 11.12
MATTSON, CAROL	DEAN	\$ 79.26	\$ 86.61
McALPIN, KENNETH	MGR/ MAINTENANCE & OPSLEFT DISTRICT 12/4/07	\$ 56.65	\$ 77.80
McCLOUD, EDWARD	INSTRUCTOR	\$ 76.69	\$ 98.18
McGUIRE, GARY	PROVOST-RETIRED 7/1/08	\$ 131.22	\$ 153.85
MEINERT, SARAH	CC-BURSAR'S OFFICE-HOURLY	\$ 16.11	\$ 16.00
MELELLA, LAURA	INSTRUCTOR	\$ 70.91	\$ 93.75
MILLER, JOHN	FC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAN	\$ 37.17	\$ 40.81
MIRANDA, ALBERT	DIRECTOR, PHYSICAL PLANT/ FACILITIES	\$ 92.34	\$ 96.07

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
MIRANDA, BOB	INTERIM DEAN	\$ 75.84	\$ 83.50
MIRANDA, MIGUEL	FACILITIES COORDINATOR	\$ 35.42	\$ 38.26
MIRANDA, SANDRA	EVALUATOR		\$ 34.95
MONTANA, ERICA	STUDENT SUPPORT-HOURLY		\$ 8.54
MONTANO, DIANE	MANAGER, CHILD CARECENTER	\$ 55.19	\$ 58.18
MONTENEGRO, CHRISTY (SEE DAVIS)	CC-A&R TECHNICIAN	\$ 35.65	
MOORE, MIKE	INSTRUCTOR	\$ 71.80	\$ 87.99
MOORE, SALLY	INSTRUCTOR (deceased 11/11/06)	\$ 67.64	\$ -
MORALES, LISA	CC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAN	\$ 41.42	\$ 45.67
MORGAN, ROBERT	CUSTODIAN II	\$ 34.24	\$ 34.83
MOSLEY, AMELIA	CC-A&R CLERICAL ASSISTANT I	\$ 31.00	\$ 37.76
NEGRETE, RENA	FC-A&R SPECIALIST	\$ 41.98	\$ 44.67
NELSON, BRITTANY	HOURLY REGISTRATION		\$ 9.86
NELSON, JANICE	BUSINESS OFFICE SPECIALIST	\$ 48.98	\$ 53.28
NGUYEN, DUSTIN TUAN	CC-A&R SPECIALIST	\$ 42.79	\$ 47.68
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHNL	\$ 83.76	\$ 87.96
NOVISOFF, ANNA	ADMIN ASSISTANT	\$ 48.81	\$ 54.99
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	\$ 92.93	\$ 98.27

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	Fiscal Years:	
		06-07	07-08
OLIVAS, PRISCILLA	HOURLY SUPPORT STAFF		\$ 8.73
OROPEZA, ELAINE	FC-FINANCIAL AID TECHNICIAN	\$ 44.76	\$ 45.68
OROPEZA, LOURDES	FINANCIAL AID TECHNICIAN		\$ 50.07
PADILLA, JAYME	EVALUATOR		\$ 34.06
PALMER, SANDRA	EXEC ASSISTANT III	\$ 51.73	\$ 54.78
PARISI, TOM	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 93.70	\$ 98.47
PATAKAS, JOHN (BRADSHAW)	FC-A&R TECHNICIAN	\$ 30.35	\$ 34.10
PEREZ, GUY	FACILITIES ASSISTANT		\$ 34.53
PEREZ, JENNIFER	PUBLIC INFO OFFICER		\$ 70.20
PHILLIPS, JIM	INSTRUCTOR-RETIRED 5/23/08	\$ 67.11	\$ 84.85
PIERCE, RITA	PROGRAM ASSISTANT	\$ 58.54	\$ 63.71
PORTOLAN, JANET	VP, EDUCATION SUPPORT & PLANNING	\$ 100.15	\$ 105.46
POSNER, MARC	PUBLIC INFORMATION OFFICER	\$ 67.97	\$ 74.02
PURTELL, VALENTINA	MANAGER - SCE ESL, SPEC ED PROGRAM	\$ 66.62	\$ 73.04
QUAN, LINH	FC-BURSAR'S OFFICE-ACCOUNTING SPECIALIST	\$ 39.92	\$ 45.98
RAMIREZ, RICHARD	DEAN STUDENT SERVICES	\$ 112.24	RETIRED
RAMOS, AMANDA	CLERICAL ASSISTANT I	\$ 28.33	\$ 36.36
REHA, DELORES	INSTRUCTOR	\$ 65.47	\$ 83.02

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	Fiscal Years:	
		06-07	07-08
REID, DENISE	A&R TECHNICIAN		\$ 32.47
REYES, ELIZABETH	CC-A&R HOURLY STUDENT	\$ 11.46	\$ -
REZA, ALAN	CC-FINANCIAL AID TECHNICIAN	\$ 44.49	\$ 58.03
RICCI, JOYCE	INTERIM DEAN, COUNSELING & STUD. DEV. (LEFT DISTRICT 6/30/07)	\$ 76.13	LEFT DISTRICT
RODGERS, CAROLANNE	INSTRUCTOR	\$ 74.76	\$ 91.25
RODRIGUEZ, DAISY	CC-BURSAR'S OFFICE-ACCOUNTING TECHNICIANLEFT DIST 11/27/07	\$ 24.16	\$ 38.45
SAGHAEI, AZAR	HOURLY SUPPORT STAFF		\$ 8.93
SALCEDO, DANIEL	ADMINISTRATIVE ASSISTANT I	\$ 30.57	\$ 36.86
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT III	\$ 57.83	\$ 64.23
SANDOVAL, REBECA	CC-FINANCIAL AID TECHNICIAN	\$ 38.93	\$ 50.23
SAUCEDO, ESTHER	HR SPECIALIST	\$ 49.93	\$ 52.57
SCHULZ, GREG	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 79.43	\$ 86.40
SCHWIEBERT, LAURIE	FC-ADMINISTRATIVE ASSISTANT I	\$ 35.02	\$ 40.69
SEFRIED, DAN	GROUNDSKEEPER	\$ 29.19	\$ 33.56
SHRACK, AMY	ADMINISTRATIVE ASSISTANT I	\$ 37.10	\$ 37.04
SIMPSON, BOB	DIVISION DEAN/INTERIM EXECUTIVE VP	\$ 94.27	\$ 103.02
SMEAD, RICHARD	INSTRUCTOR	\$ 62.37	\$ 81.00
SMITH, AUDREY	FC-A&R SPECIALIST	\$ 111.50	RETIRED

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
SMITH, FRANK	DIRECTOR ACAD. COMP TECHN	\$ 77.06	\$ 84.01
SMITH, SHIRLEY	DIRECTOR, CAMPUS PUBLIC SAFETY	\$ 53.50	\$ 58.44
SOSOATU, CAROLYN	FC-A&R HOURLY OFFICE CLERK	\$ 8.74	\$ -
SPARGO, DEBORAH	ACCOUNTING TECHNICIAN	\$ 38.56	\$ 42.32
SPECHT, JULIE	HOURLY SUPPORT STAFF		\$ 10.74
SPENCER, NORA	INSTRUCTOR	\$ 56.63	\$ 69.96
ST JOHN, PAUL	INSTRUCTOR	\$ 67.62	\$ 84.11
TAYLOR, CHRIS	IT SPEC SYS APPLICATION	\$ 56.24	\$ 62.98
TAYLOR, TONIESHA	CC-A&R EVALUATOR	\$ 39.92	\$ -
TERRY, CHRISTINE	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 90.79	\$ 95.65
TESAR, DAN	DIVISION DEAN	\$ 91.80	\$ 98.58
THOMAS, CONNIE	EXEC ASSISTANT	\$ 61.86	RETIRED
THOMPSON, JEANNE	STUDENT SERVICES TECHNICIAN		\$ 36.62
TORRES-GUTIERREZ, MARTHA	MANAGER	\$ 71.28	\$ 77.60
TRAN, KIMBERLY	CC-FINANCIAL AID TECHNICIAN	\$ 36.86	\$ 42.77
TRAN, LUU	A&R TECHNICIAN-LEFT DIST 3/21/08		\$ 38.71
TRUONG, PHUC (JASON)	A&R TECHNICIAN-LEFT DIST 3/21/08	\$ 10.90	\$ 29.51
TUSHLA, NICOL	FC-A&R EVALUATOR	\$ 41.59	\$ 45.52

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Fiscal Years:

Name	Title	06-07	07-08
VILLEGAS, FATIMA	FINANCIAL AID TECHNICIAN	\$ 28.53	\$ 33.55
VYAS, KASHU	ACCOUNTING SPECIALIST	\$ 40.45	\$ 41.67
VYSKOCIL, CINDY	DIRECTOR CAMPUS DIVERSITY-RETIRED 6/30/08	\$ 71.16	\$ 87.62
WALLACE, TOM	MANAGER TECHNICAL SUPPORT	\$ 83.67	\$ 88.06
WASSENAAR, DAVE	DIVISION DEAN, A&R	\$ 92.83	\$ 97.50
WHITEHURST, DOROTHY	DISTRICT DIRECTOR PURCHASING	\$ 75.91	\$ 79.93
WICKS, LORRAINE	MANAGER, SCE SENIORS PROGRAM	\$ 80.26	\$ 84.31
WILLIAMS, FRED	VICE CHANCELLOR, FISCAL SERVICES	\$ 117.77	\$ 129.41
WILLOUGHBY, DAN	DIVISION DEAN, HUMANITIES	\$ 93.70	\$ 98.47
WILSON, MARCUS	INSTRUCTOR	\$ 73.01	\$ 95.43
YOUNG, ELDON	DEAN, LANGUAGE ARTS	\$ 93.70	\$ 98.47
ZANDY, BEN	INSTRUCTOR (RETIRED 5/26/07)	\$ 89.02	RETIRED

Indirect Cost Rates

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08
AHCCD	FED rate							45.0	45.0	45.0	45.0
	FAM-29C	37.59	37.07	35.76	36.14	32.00	32.46	31.81	32.71	30.33	
	w/deprec.								33.14	36.9	
JC	FAM-29C	39.3	40.33	32.78	31.58	29.26	28.16	34.11	30.68	29.17	
	w/deprec.								30.81	34.58	
Citrus	FAM-29C	51.75	44.86	44.7	45.74	41.72	45.53	40.58	40.6	41.95	
	w/deprec.								48.98	52.46	
Contra	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.8	32.5	32.5
EICam	FAM-29C	39.18	41.4	37.55	36.24	30.38	29.10	35.22	35.02	32.00	
	w/deprec.								34.99	35.65	
Foot	FAM-29C	28.67	30.09	31.67	35.5	32.28	31.11	29.66	28.9	29.69	
	w/deprec.								33.96	39.45	
Gavilan	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	36.45	
	w/deprec.								39.74	39.55	
Glendale	FED rate					45.00	45.00	45.00	45.00	45.00	
	FAM-29C	39.13	38.41	38.15	34.20						
Kern	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89	39.91	37.49	
	w/deprec.								41.26	42.33	
LRios	FED rate								30.00	30.00	
	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61		
	w/deprec (per client)								36.95	37.7	
LongB	FAM-29C		36.8	37.27	38.71	35.01	33.40	32.33	33.86	32.7	
	w/deprec.								36.33	35.37	
NOrg	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	29.50	
IC	FAM-29C	32.61	32.87	35.16	35.41	33.72	29.56	27.57	25.48	26.35	
	w/deprec.								29.08	28.44	
SA	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80	31.70
Rancho	FED rate							30.00	30.00	30.00	
Rwoods	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	39.6	
	w/deprec.								48.2	39.53	
SanJac	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94	34.02	38.69	
	w/deprec.										
SBC	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	45.3	
	w/deprec.								50.11	53.93	
SMateo	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
StMon	FAM-29C	43.56	45.96	41.72	42.07	39.82	34.07	36.91	34.25	35.53	
	w/deprec.								38.95	35.32	
Sierra	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90	35.70	38.49	
	w/deprec.								42.58	37.83	
StateC	FED rate							36.50	36.50	36.50	36.50
	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25			
VVC	FAM-29C	57.9	58.96	58.45	61.28	55.20	53.91	45.61	46.57	41.33	
	w/deprec.								48.58	59.52	
WVM	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80	37.57	38.86	
	w/deprec.								41.1	41.22	
WestK	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	34.87	
	w/deprec.										
D	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88	36.38	32.23	
	w/deprec.								36.3	41.07	



STATE OF CALIFORNIA 65-016031

H THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

FUND NO. FUND NAME 0001 GENERAL FUND

CC30105

6870

MO. DAY YR 12 07 2010

90-1342/1211

65016031

TO: 016031

TREASURER NORTH ORANGE CO. COMM COLL DIST 1830 W ROMNEYA DRIVE ANAHEIM CA 92801-1819

DOLLARS CENTS \$226,317.00

Signature of John Chiang, California State Controller

FORM NO. 501-511-01/01 CONTROLLER'S WARRANT

⑆121113423⑆ 650160315⑈

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS

65-016031

ISSUE DATE: 12/07/2010

ISSUE DATE: 12/07/2010

CLAIM SCHEDULE NBR: MA04001A

REIMBURSEMENT OF STATE MANDATED COSTS

DENNIS SPECIALE 916-324-0254

ACL : TITLE 5

PROG : ENROLMT FEE COL&WAIV;TITLE 5-C

2008/2009 ACTUAL PAYMENT

CLAIMED AMT: 1,796,269.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

1,796,269.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

12.599275

PRORATA BALANCE DUE:

1,569,952.00-

APPROVED PAYMENT AMOUNT:

226,317.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

226,317.00

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
22 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbpsixten@aol.com

February 12, 2010

CERTIFIED MAIL #7001 0360 0000 5999 8805

CLAIM FILE COPY

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
North Orange County Community College District CC 30105

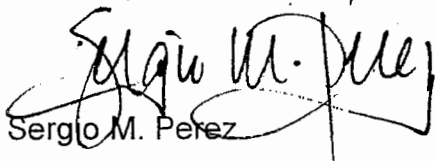
Dear Ms. Brummels:

Enclosed please find the original claim and extra copies of the FAM-27 for North Orange County Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2008-09
308/95	Enrollment Fee Collection and Waivers	2008-09

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez

CLAIM FILE COPY

State Controller's Office

Com. .ity College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 267
---	---	---

Claimant Identification Number: CC30105		Reimbursement Claim Data	
(02) Claimant Name	North Orange County Community College District	(22) FORM-1, (04)(A)(1)(a)(f)	72
Address	Orange County	(23) FORM-1, (04)(A)(1)(b)(f)	4,302
	1830 West Romneya Drive	(24) FORM-1, (04)(A)(2)(a)(f)	991,435
	Anaheim CA 92801-1819	(25) FORM-1, (04)(B)(1)(a)(f)	
Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) FORM-1, (04)(B)(1)(b)(f) 468
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) FORM-1, (04)(B)(2)(a)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) FORM-1, (04)(B)(2)(b)(f) 578,134
			(29) FORM-1, (04)(B)(2)(c)(f) 4,208
Fiscal Year of cost	(06)	(12) 2008-2009	(30) FORM-1, (06) 37
Total Claimed Amount	(07)	(13) \$ 1,796,269	(31) FORM-1, (07) 584,720
Less: 10% Late Penalty (refer to claiming instructions)		(14) \$ -	(32) FORM-1, (09) 97,611
Less: Prior Claim Payment Received		(15) \$ -	(33) FORM-1, (10) 269,459
Net Claimed Amount		(16) \$ 1,796,269	(34)
Due from State	(08)	(17) \$ 1,796,269	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)	Date
	2/9/10
_____ Claudette Dain	District Director, Fiscal Affairs
Type or Print Name	Title
(20) Name of Contact Person for Claim	Telephone Number: (858) 514-8605
Sixten and Associates	E-mail Address: kbpsixten@aol.com

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS	For State Controller Use Only	Program 267
	(19) Program Number 00267	
	(20) Date Filed <u> </u> / <u> </u> / <u> </u>	
	(21) LRS Input <u> </u> / <u> </u> / <u> </u>	

Claimant Identification Number: CC30105		Reimbursement Claim Data	
(02) Claimant Name	North Orange County Community College District	(22) FORM-1, (04)(A)(1)(a)(f)	72
Address	Orange County	(23) FORM-1, (04)(A)(1)(b)(f)	4,302
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	Anaheim CA 92801-1819	(25) FORM-1, (04)(B)(1)(a)(f)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) FORM-1, (04)(B)(1)(b)(f) 468
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (04)(B)(2)(a)(f)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (04)(B)(2)(b)(f) 578,134
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) FORM-1, (04)(B)(2)(c)(f) 4,208
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Signature of Authorized Officer (USE BLUE INK) Date

Claudette Dain 2/9/10

Claudette Dain District Director, Fiscal Affairs

Type or Print Name Title

(20) Name of Contact Person for Claim Telephone Number: (858) 514-8605

Sixten and Associates E-mail Address: kbpsixten@aol.com

Table 4 Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGES						FORM FAM-29C
(01) Claimant North Orange County Community College District				(02) Period of Claim 2007-2008		
(03) Expenditures by Activity				(04) Allowable Costs		
Activity	EDP	Total	Adjustments	Total	Indirect	Direct
Subtotal Instruction	599	\$91,791,094		\$91,791,094	\$2,325,687	\$89,465,407
Instructional Administration and Instructional Governance	6000					
Academic Administration	6010	13,362,778		13,362,778	136,826	13,225,952
Course and Curriculum Development	6020	90,376		90,376		90,376
Academic/Faculty Senate	6030	319,096		319,096		319,096
Other Instructional Administration & Instructional Governance	6090	890,854		890,854		890,854
Instructional Support Services	6100					
Learning Center	6110	1,717,116		1,717,116	61,062	1,656,054
Library	6120	2,932,849		2,932,849	187,726	2,745,123
Media	6130	641,388		641,388		641,388
Museums and Galleries	6140					
Academic Information Systems and Technology	6150	3,536,532		3,536,532	290,677	3,245,855
Other Instructional Support Services	6190	3,184,688		3,184,688	150,166	3,034,522
Admissions and Records	6200	3,593,248		3,593,248	113,746	3,579,502
Counseling and Guidance	6300					
Student Counseling and Guidance	6310	5,395,161		5,395,161	72,395	5,382,766
Matriculation and Student Assessment	6320	3,104,655		3,104,655	78,668	3,025,987
Transfer Programs	6330	513,548		513,548	5,229	508,319
Career Guidance	6340	295,204		295,204		295,204
Other Student Counseling and Guidance	6390	7,729		7,729		7,729
Other Student Services	6400					
Disabled Students Programs & Services	6420	2,474,063		2,474,063	116,232	2,357,831
Subtotal		\$133,850,379	\$0	\$133,850,379	\$3,378,414	\$130,471,965

Table 4 Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGES				FORM FAM-29C		
(01) Claimant North Orange County Community College District				(02) Period of Claim 2007-2008		
(03) Expenditures by Activity				(04) Allowable Costs		
Activity	EDP	Total	Adjustments	Total	Indirect	Direct
Extended Opportunity Programs & Services	6430	\$3,533,621	\$1,098,688	\$2,434,933	\$6,445	\$2,428,488
Health Services	6440	1,193,974		1,193,974	57,484	1,136,490
Student Personnel Admin.	6450					
Financial Aid Administration	6460	2,293,891		2,293,891	73,165	2,280,726
Job Placement Services	6470	672,556		672,556	4,452	668,104
Veterans Services	6480	1,648		1,648		1,648
Miscellaneous Student Services	6490	1,396,691		1,396,691	1,298	1,395,398
Operation & Maintenance of Plant	6500					
Building Maintenance and Repairs	6510	2,260,737		2,260,737	2,260,737	0
Custodial Services	6530	5,773,383		5,773,383	5,773,383	0
Grounds Maintenance and Repairs	6550	1,584,923		1,584,923	1,584,923	0
Utilities	6570	5,503,646		5,503,646	5,503,646	0
Other	6590	2,830,635		2,830,635	2,830,635	0
Planning, Policy Making, and Coordination	6600	5,579,300		5,579,300	5,579,300	0
General Inst. Support Services	6700					
Community Relations	6710	917,757		917,757	917,757	0
Fiscal Operations	6720	3,652,606		3,652,606	3,652,606	0
Human Resources Management	6730	1,471,236		1,471,236	1,471,236	0
Noninstructional Staff Benefits & Incentives	6740	2,574,328		2,574,328	2,574,328	0
Staff Development	6750	358,903		358,903	358,903	0
Staff Diversity	6760	207,422		207,422	207,422	0
Logistical Services	6770	3,405,246		3,405,246	3,405,246	0
Management Information Systems	6780	4,147,147		4,147,147	4,147,147	0
Subtotal		\$183,210,329	\$1,098,688	\$182,111,641	\$43,728,522	\$138,383,119

Table 4 Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGES							FORM FAM-29C
(01) Claimant North Orange County Community College District				(02) Period of Claim 2007-2008			
(03) Expenditures by Activity				(04) Allowable Costs			
Activity	EDP	Total	Adjustments	Total	Indirect	Direct	
General Inst. Sup. Serv. (cont.)	6700						
Other General Institutional Support Services	6790	1,389,921		1,389,921	1,389,921	0	
Community Services and Economic Development	6800						
Community Recreation	6810	726		726		726	
Community Service Classes	6820	672,052		672,052	4,998	667,057	
Community Use of Facilities	6830	237,261		237,261		237,261	
Economic Development	6840	2,462,904		2,462,904	86,835	2,376,069	
Other Community Services & Economic Development	6890	90,462		90,462		90,462	
Ancillary Services	6900						
Bookstores	6910	-40,494		-40,494		-40,494	
Child Development Center	6920	75,997		75,997		75,997	
Farm Operations	6930						
Food Services	6940	13,698		13,698		13,698	
Parking	6950	1,512,061		1,512,061	1,820	1,510,241	
Student and Co-curricular Activities	6960	328,762		328,762	3,068	325,699	
Student Housing	6970						
Other	6990						
Auxiliary Operations	7000						
Contract Education	7010	656,440	2,064	654,376	5,172	649,204	
Other Auxiliary Operations	7090						
Depreciation or Use Allowance - Building					7,074,432		
Depreciation or Use Allowance - Equipment					1,155,538		
(05) Total		\$190,610,119	\$1,100,752	\$189,509,367	\$53,450,298	\$144,289,039	
(06) Indirect Cost Rate: (Total Indirect Cost/Total Direct Cost)				37.04%			
(07) Notes							

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY	FORM 1
------------------------	---	-------------------

(01) Claimant: North Orange County Community College District	(02) Type of Claim Reimbursement	Fiscal Year 2008-2009
--	-------------------------------------	--------------------------

(03) Leave Blank

Direct Costs	Object Accounts					
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total

A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a. Preparing district policies & procedures for § IV.A.	\$ 71.70	\$ -	\$ -	\$ -	\$ -	\$ 71.70
b. Staff training (One time per employee)	\$ 4,302.00	\$ -	\$ -	\$ -	\$ -	\$ 4,302.00

A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a. Calculating and collecting enrollment fees	\$ 991,435.04	\$ -	\$ -	\$ -	\$ -	\$ 991,435.04

B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
b. Staff training (One time per employee)	\$ 467.60	\$ -	\$ -	\$ -	\$ -	\$ 467.60

B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 578,134.14	\$ -	\$ -	\$ -	\$ -	\$ 578,134.14
c. Reporting BOG fee waiver data to CCC	\$ 4,208.40	\$ -	\$ -	\$ -	\$ -	\$ 4,208.40

(05) Total Direct Costs	\$ 1,578,618.88	\$ -	\$ -	\$ -	\$ -	\$ 1,578,618.88
-------------------------	-----------------	------	------	------	------	-----------------

Indirect Costs

(06) Indirect Cost Rate	[Refer to claiming instructions]	37.04%
(07) Total Indirect Costs	[Refer to claiming instructions]	\$ 584,720.43
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	\$ 2,163,339.31

Cost Reduction

(09) Less: Enrollment Fee Revenue offset	\$ 97,611.00
(10) Less: Enrollment Fee Waiver offsets	\$ 269,459.00
(11) Total Claimed Amount	\$ 1,796,269.31

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant Orange County Community College District	(02) Fiscal Year 2008-2009
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Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees Harter, Renie Bursar	\$71.70	1.0	\$ 71.70				

(05) Total	<input checked="" type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page 1 of 1	\$ 71.70	\$ -	\$ -	\$ -	\$ -
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MANDATED COSTS
ENROLLMENT FEE COLLECTION AND WAIVERS
ACTIVITY COST DETAIL

Program
267

FORM
2

(01) Claimant: Orange County Community College District
 (02) Fiscal Year: 2008-2009

Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection Harter, Renie Bursar	\$71.70	60.0	\$ 4,302.00				

(05) Total Subtotal Page 1 of 1 \$ 4,302.00 \$ - \$ - \$ - \$ -

MANDATED COSTS
ENROLLMENT FEE COLLECTION AND WAIVERS
ACTIVITY COST DETAIL

FORM
2

Program 267	(01) Claimant Orange County Community College District	(02) Fiscal Year 2008-2009
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee collection Enrollment Office Staff Collecting Fees	\$35.28	8,344.6	\$ 294,397.49				
Calculating total enrollment fee to be collected Enrollment Office Staff Collecting Fees	\$35.28	4,441.2	\$ 156,685.54				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Enrollment Office Staff Collecting Fees	\$35.28	129.1	\$ 4,554.65				
Issuing refund of enrollment fees paid to students establishing fee waiver after enrollment Enrollment Office Staff Collecting Fees	\$35.28	512.1	\$ 18,066.89				
Referencing student accounts and records Enrollment Office Staff Collecting Fees	\$35.28	7,769.1	\$ 274,093.85				
Updating written and computer records for enrollment fee information Enrollment Office Staff Collecting Fees	\$35.28	6,905.8	\$ 243,636.62				
(05) Total <input checked="" type="checkbox"/>			Page 1 of 1	\$ 991,435.04	\$ -	\$ -	\$ -

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant Orange County Community College District	(02) Fiscal Year 2008-2009
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Reimbursable Activities: Check only **one** box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. A. <input type="checkbox"/> Staff Training (One Time per Employee)	B. 1. Enrollment Fee Waiver: One-Time Activities <input type="checkbox"/> Prepare District Policies & Procedures for § IV. B. <input checked="" type="checkbox"/> Staff Training (One Time per Employee)
A. 2. Enrollment Fee Collection: Ongoing Activity <input type="checkbox"/> Calculating and Collecting Enrollment Fees	B. 2. Enrollment Fee Waiver: Ongoing Activities <input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records <input type="checkbox"/> Waiving Student Fees <input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination Larson, Nancy Coordinator	\$58.45	8.0	\$ 467.60				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 467.60	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant Orange County Community College District	(02) Fiscal Year 2008-2009
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Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities

- Prepare District Policies & Procedures for § IV. A.
- Staff Training (One Time per Employee)

A. 2. Enrollment Fee Collection: Ongoing Activity

- Calculating and Collecting Enrollment Fees

B. 1. Enrollment Fee Waiver: One-Time Activities

- Prepare District Policies & Procedures for § IV. B.
- Staff Training (One Time per Employee)

B. 2. Enrollment Fee Waiver: Ongoing Activities

- Adopting Procedures, Recording, and Maintaining Records
- Waiving Student Fees
- Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses			Object Accounts													
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training									
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Financial Aid Office Waiving Fees	\$39.52	2,448.8	\$ 96,776.58													
Entering approved application information into district records; providing student award letter Financial Aid Office Waiving Fees	\$39.52	4,251.9	\$ 168,035.09													
Evaluating waiver applications and verifying application documents Financial Aid Office Waiving Fees	\$39.52	3,396.8	\$ 134,241.54													
Review of denied applications, reviewing and evaluating information if denial is appealed by student Financial Aid Office Waiving Fees	\$39.52	16.9	\$ 667.89													
Notifying students of additional documentation requirements and how to obtain information Financial Aid Office Waiving Fees	\$39.52	11.8	\$ 466.34													
Receiving waiver applications Financial Aid Office Waiving Fees	\$39.52	4,502.7	\$ 177,946.70													
<table style="width:100%; border: none;"> <tr> <td style="width:10%;">(05) Total <input checked="" type="checkbox"/></td> <td style="width:10%;">Subtotal <input type="checkbox"/></td> <td style="width:10%; text-align: center;">Page 1 of 1</td> <td style="width:10%; text-align: right;">\$ 578,134.14</td> <td style="width:10%; text-align: right;">\$ -</td> <td style="width:10%; text-align: right;">\$ -</td> <td style="width:10%; text-align: right;">\$ -</td> <td style="width:10%; text-align: right;">\$ -</td> </tr> </table>			(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 578,134.14	\$ -	\$ -	\$ -	\$ -						
(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 578,134.14	\$ -	\$ -	\$ -	\$ -									

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant Orange County Community College District	(02) Fiscal Year 2008-2009
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Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. 1. Enrollment Fee Collection: One-Time Activities

- Prepare District Policies & Procedures for § IV. A.
- Staff Training (One Time per Employee).

A. 2. Enrollment Fee Collection: Ongoing Activity

- Calculating and Collecting Enrollment Fees

B. 1. Enrollment Fee Waiver: One-Time Activities

- Prepare District Policies & Procedures for § IV. B.
- Staff Training (One Time per Employee)

B. 2. Enrollment Fee Waiver: Ongoing Activities

- Adopting Procedures, Recording, and Maintaining Records
- Waiving Student Fees
- Reporting BOG Fee Waiver Data to CCC

(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Larson, Nancy Coordinator	\$58.45	72.0	\$ 4,208.40				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 4,208.40	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT COLLECTIONS/WAIVERS

08-2009

Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
08-09	7,769.10	Enrollment Office Staff	Collecting Fees	\$35.28	\$274,093.85	Referencing student accounts and records	Calculating and collecting enrollment fees
08-09	4,441.20	Enrollment Office Staff	Collecting Fees	\$35.28	\$156,685.54	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
08-09	8,344.60	Enrollment Office Staff	Collecting Fees	\$35.28	\$294,397.49	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
08-09	6,905.80	Enrollment Office Staff	Collecting Fees	\$35.28	\$243,636.62	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
08-09	129.10	Enrollment Office Staff	Collecting Fees	\$35.28	\$4,554.65	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
08-09	512.10	Enrollment Office Staff	Collecting Fees	\$35.28	\$18,066.89	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	28,101.90	Enrollment Office Staff Total			\$991,435.04		
08-09	2,448.80	Financial Aid Office	Waiving Fees	\$39.52	\$96,776.58	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
08-09	4,502.70	Financial Aid Office	Waiving Fees	\$39.52	\$177,946.70	Receiving waiver applications	Waiving student fees
08-09	3,396.80	Financial Aid Office	Waiving Fees	\$39.52	\$134,241.54	Evaluating waiver applications and verifying application documents	Waiving student fees
08-09	11.80	Financial Aid Office	Waiving Fees	\$39.52	\$466.34	Notifying students of additional documentation requirements and how to obtain information	Waiving student fees
08-09	4,251.90	Financial Aid Office	Waiving Fees	\$39.52	\$168,035.09	Entering approved application information into district records; providing student award letter	Waiving student fees
08-09	16.90	Financial Aid Office	Waiving Fees	\$39.52	\$667.89	In case of denied applications, reviewing and evaluating information if denial is appealed by student	Waiving student fees
	14,628.90	Financial Aid Office Total			\$578,134.14		
08-09	1.00	Harter, Renie	Bursar	\$71.70	\$71.70	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV
08-09	60.00	Harter, Renie	Bursar	\$71.70	\$4,302.00	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
	61.00	Harter, Renie Total			\$4,373.70		
08-09	8.00	Larson, Nancy	Coordinator	\$58.45	\$467.60	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
08-09	72.00	Larson, Nancy	Coordinator	\$58.45	\$4,208.40	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	80.00	Larson, Nancy Total			\$4,676.00		
	42,871.80	Grand Total			\$1,578,618.88		

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

District: North Orange County CCD

Nancy Larson
Employee Name

Coordinator
Exact Position Title

Fullerton/ Financial Aid Dept.
College/Department/Location

714-992-5275
Telephone #

12mo/11mo/10mo/hrly
Work year length

Typical Reimbursable Activities:

FISCAL YEARS- Report time in hours
06-07 07-08 08-09

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: _____ 8

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.

_____ 72

TOTALS:

_____ 80

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 _____

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2008-2009
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.

Source: Schedules 2 and 4.

Findings:

*EFC 1	86,323
Avg. time p/account	5.4
Total Time (in minutes)	<u>466144.2</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>7,769.1</u>

*EFC 2	52,249
Avg. time p/student	5.1
Total Time (in minutes)	<u>266469.9</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>4,441.2</u>

*EFC 1	86,323
Avg. time p/question	5.8
Total Time (in minutes)	<u>500673.4</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>8,344.6</u>

*EFC 1	86,323
Avg. time p/file	4.8
Total Time (in minutes)	<u>414350.4</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>6,905.8</u>

*EFC 4	1091
Avg. time p/account	7.1
Total Time (in minutes)	<u>7746.1</u>
Per Hour	60
Hours Worked (** Activity 15)	<u>129.1</u>

*EFC 5	6271
Avg. time p/student	4.9
Total Time (in minutes)	<u>30727.9</u>
Per Hour	60
Hours Worked (** Activity 16)	<u>512.1</u>

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Conclusion: Findings will go forward to the EFCW FORM-2.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2008-2009
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.
 Source: Schedules 3 and 4.
 Findings:

*EFW 6	47,397
Avg. time p/question	3.1
Total Time (in minutes)	<u>146930.7</u>
Per Hour	60
Hours Worked (** Activity 21)	<u>2,448.8</u>

*EFW 6	47,397
Avg. time p/application	5.7
Total Time (in minutes)	<u>270162.9</u>
Per Hour	60
Hours Worked (** Activity 22)	<u>4,502.7</u>

*EFW 6	47,397
Avg. time p/evaluation	4.3
Total Time (in minutes)	<u>203807.1</u>
Per Hour	60
Hours Worked (** Activity 23)	<u>3,396.8</u>

*EFW 8	154
Avg. time p/application	4.6
Total Time (in minutes)	<u>708.4</u>
Per Hour	60
Hours Worked (** Activity 24)	<u>11.8</u>

*EFW 7	47,243
Avg. time p/application	5.4
Total Time (in minutes)	<u>255112.2</u>
Per Hour	60
Hours Worked (** Activity 25)	<u>4,251.9</u>

*EFW 8	154
Avg. time p/application	6.6
Total Time (in minutes)	<u>1016.4</u>
Per Hour	60
Hours Worked (** Activity 26)	<u>16.9</u>

*EFW Workload Multiplier (Default)

EFW 6 - Total number of enrollment fee waivers requested
 EFW 7 - Total number of enrollment fee waivers granted
 EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Conclusion: Findings will go forward to the EFCW FORM-2.

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2008-2009
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	3	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Abadzhan, Susanna	FA Technician	3		3			
Abutin, Albert	Interim Dean	3	5	2	2	3	5
Adakai, Ericka	Administrative Assistant II	4		3			
Aguirre, Griselda	Student Hourly	2	2	4	1	2	1
Aguirre, Maria G.	FA Technician	3		3			
Alcaraz, Jose C.	FA Technician	3		3			
Allen, Akilah	Evaluator Specialist	15	15	15	15		
Almaraz, Arturo	A&R Clerical Assistant	10	15	10	15		
Alton, Meg	A & R Technician	1	2	2	1		
Atkins, Blanca	A & R Technician	1.5	3	2.5	2.5		
Bass, Jennifer	Student Hourly	2	1	5	5		
Beard, Claudia	Account Clerk II	10		15		20	10
Becerril, Shelley	Cashier/Registration Clerk	2	3	2	2	4	4
Bradshaw, John	Technician	3	3	5	4	3	3
Calderon-Teneza, Roselle	FA Technician	4	2	5	3	2	4
Caro, Barbara	Admissions Technician	1	1	5	5	1	1
Chang, Ly	Evaluator Specialist	12.5	12.5	12.5	12.5		
Cobb, Keith	Director, Financial Aid	5	4	10	5	15	8
Coria, Yessenia	Student Hourly	1	1	1	1	1	1
Davis, Christy	A&R Specialist	25	10	25	12.5		
Dean, Brian	A & R Technician	5	5	5	5		
Drisdom, Chris	Student Hourly	5	5	7	2		
Edwards, Arnette	Financial Aid Specialist	7	7	7	7	7	7
Felix, Ana	A & R Specialist	5	4	5	4	2	2
Ford, Regina	Registrar	5	10	0.5	10		
Galvez, Everardo	Clerical Assistant-Sub	3		3			
Guzman, Elizabeth A.	Technician	5	5	3	3	5	5
Ha, Jackie	Financial Aid Technician/Specialist	2	5	5	2	1	5
Halcomb, John	Student Hourly	1	2	1	2	1	1
Harter, Renie	Manager, Campus Accounting	3	3	5	3	4	5
Henry, Kevin	Registration Clerk	3	2	4	2	4	3
Hernandez Pulido, Erandira	Student Hourly	1	3	3	2	1	3
Hernandez, Jeri	Administrative Assistant II	10	10	10			
Horton, Lindsay	Student Hourly	3	3	2	4		
Jones, LaQuita	Clerical Assistant I	7	5	5	5	10	5
Kanaan, Jay	Accounting Technician	6	10	2	6	30	7
Larson, Nancy	Coordinator	3		3			
Ledezma, Elizabeth	Technician	2	3	3	2	2	2
Leopold, Maureen	Accounting Specialist	6	8	3	5	10	12
Leopold, Ryan	Student Hourly	5	2	3	3		
Lopez, Ernesto	Student Hourly	5	5	10	10		
Louie-Jeu, Kim	Evaluator	5		3			
Lucero, Cheryl	Financial Aid Technician	5	5	5	5	5	5
Mahoney, Leslie	Account Clerk			1		5	5
Majdali, Emily	Hourly Accounting Technician	6	9	5	5	24	10
Martinez, Delores	Technician	5	4	6	5	4	4
Masse, Ailed	Hourly	1	1	1	1	1	1
Medina, Fabian	Student Hourly	2	2	2	1	2	5
Meinert, Gail A.	Registration Clerk	2	3	3	2	4	4
Meinert, Sarah	Registration Clerk	8	8	10	8	8	8
Miller, John	Accounting Technician	5		2		12	10
Miranda, Sandra	Evaluator	12.5	12.5	12.5	12.5		
Morales, Lisa	Accounting Technician	7	7	8	5	25	12

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2008-2009
 Time Study

Staff	Title	*EFC Workload Multiplier					
		1	2	1	4	5	
		**Activity Codes					
		11	12	13	14	15	16
Morrissey, Nicole	Student Hourly	3.5	5	5	2.5		
Mosley, Amelia	Clerical Assistant	7.5	7.5	12.5	7.5		
Murillo, Vanessa	Accounting Technician	3	7	7.5	6	20	7
Negrete, Rena R.	A&R Specialist	3	5	2	2	3	5
Nguyen, Cole	Student Hourly	1	1	5	1		
Nguyen, Dustin (Tuan)	Specialist	10	10	5	5		
Oropeza, Elaine	Financial Aid Technician	3		3			
Padilla, Jayme	Evaluator	3	5	5	3		5
Quan, Linh	Accounting Specialist	1		1			4
Redd, Linda	Evaluator	5	15	20	10		
Reid, Denise	Technician	5	5	3	5	5	5
Reza, Alan	Financial Specialist	5	4	7.5	5	17.5	8
Rios, Brianna	Student Hourly	1	2	5	2		
Rosa Garcia, Ana	Financial Aid Technician	3		3			
Rosas, Jessica	Student Hourly	4	3	5	2		
Ryan, Greg	Director, Financial Aid & Veterans Svcs.	3		3			
Saghaei, Azar	Student Hourly	1	1	1	1	2	2
Saldivar, Digna	Student Hourly	10	5	5	10		
Sandoval, Rebeca	Financial Aid Specialist	3	2	3	3		1
Schwiebert, Laurie	Administrative Assistant I	3		3			
Shakeri, Siavash	Student Hourly	10	4	5	10		
Thompson, Jeanne	Student Services Technician	5		5			
Tom, Stephen	A&R Technician	7.5	7.5	7.5	7.5		
Tran, Kimberly	Financial Aid Technician	7		4			7
Tushla, Nicol	Evaluator	60	2	60			
Villaroman, Andrea	Student Hourly	2	3	1	2	2	1
Villegas, Fatima	Technician	3		3			
Whitlow, Zachary	Student Hourly	1	1	2	2	4	2
Average		5.4	5.1	5.8	4.8	7.1	4.9

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

Used client provided multipliers from 05-06.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Conclusion: Findings go forward to Schedule 1A.

Schedule 2A
North Orange County Community College
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2008-2009
Average PHR

Purpose: To calculate the average PHR for Admissions and Records staff.

Source: North Orange County CCD PHR list.

Findings:

Staff	Title	08-09	
Abadzhyan, Susanna	FA Technician	36.48	
Abutin, Albert	Interim Dean	86.79	A
Adakai, Ericka	Administrative Assistant II	35.90	
Aguirre, Griselda	Student Hourly	10.20	A
Aguirre, Maria G.	FA Technician	39.42	
Alcaraz, Jose C.	FA Technician	44.64	
Allen, Akilah	Evaluator Specialist	45.79	
Almaraz, Arturo	A&R Clerical Assistant	38.54	
Alton, Meg	A & R Technician	36.25	
Atkins, Blanca	A & R Technician	34.21	A
Bass, Jennifer	Student Hourly	10.20	A
Beard, Claudia	Account Clerk II	40.72	
Becerril, Shelley	Cashier/Registration Clerk	11.19	
Bradshaw, John	Technician	35.61	
Calderon-Teneza, Roselle	FA Technician	43.37	
Caro, Barbara	Admissions Technician	48.00	
Chang, Ly	Evaluator Specialist	40.52	
Cobb, Keith	Director, Financial Aid	68.34	
Coria, Yessenia	Student Hourly	9.90	
Davis, Christy	A&R Specialist	41.90	
Dean, Brian	A & R Technician	37.28	
Drisdorn, Chris	Student Hourly	10.20	A
Edwards, Arnette	Financial Aid Specialist	50.23	
Felix, Ana	A & R Specialist	55.26	
Ford, Regina	Registrar	73.99	
Galvez, Everardo	Clerical Assistant-Sub	42.67	A
Guzman, Elizabeth A.	Technician	43.55	
Ha, Jackie	Financial Aid Technician/Specialist	47.67	
Halcomb, John	Student Hourly	10.20	A
Harter, Renie	Manager, Campus Accounting	71.70	
Henry, Kevin	Registration Clerk	13.23	
Hernandez Pulido, Erandira	Student Hourly	10.20	A
Hernandez, Jeri	Administrative Assistant II	40.21	
Horton, Lindsay	Student Hourly	10.20	A
Jones, LaQuita	Clerical Assistant I	33.44	
Kanaan, Jay	Accounting Technician	46.63	
Larson, Nancy	Coordinator	58.45	
Ledezma, Elizabeth	Technician	34.21	
Leopold, Maureen	Accounting Specialist	55.41	
Leopold, Ryan	Student Hourly	10.20	A
Lopez, Ernesto	Student Hourly	10.20	A
Louie-Jeu, Kim	Evaluator	41.48	
Lucero, Cheryl	Financial Aid Technician	42.92	
Mahoney, Leslie	Account Clerk	40.32	

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2008-2009
 Average PHR

Staff	Title	08-09	
Majdali, Emily	Hourly Accounting Technician	55.58	
Martinez, Delores	Technician	39.60	
Masse, Ailed	Hourly	10.20	A
Medina, Fabian	Student Hourly	10.20	A
Meinert, Gail A.	Registration Clerk	10.20	A
Meinert, Sarah	Registration Clerk	16.12	
Miller, John	Accounting Technician	40.52	
Miranda, Sandra	Evaluator	42.09	A
Morales, Lisa	Accounting Technician	45.29	
Morrissey, Nicole	Student Hourly	10.20	A
Mosley, Amelia	Clerical Assistant	37.20	
Murillo, Vanessa	Accounting Technician	41.52	A
Negrete, Rena R.	A&R Specialist	44.14	
Nguyen, Cole	Student Hourly	10.20	A
Nguyen, Dustin (Tuan)	Specialist	46.30	
Oropeza, Elaine	Financial Aid Technician	45.40	
Padilla, Jayme	Evaluator	35.96	
Quan, Linh	Accounting Specialist	46.09	
Redd, Linda	Evaluator	42.09	A
Reid, Denise	Technician	34.04	
Reza, Alan	Financial Specialist	55.90	
Rios, Brianna	Student Hourly	10.20	A
Rosa Garcia, ana	Financial Aid Technician	45.18	A
Rosas, Jessica	Student Hourly	10.20	A
Ryan, Greg	Director, Financial Aid & Veterans Scvs.	87.30	A
Saghaei, Azar	Student Hourly	9.30	
Saldivar, Digna	Student Hourly	10.20	A
Sandoval, Rebeca	Financial Aid Specialist	47.01	
Schwiebert, Laurie	Administrative Assistant I	40.44	
Shakeri, Siavash	Student Hourly	10.20	A
Thompson, Jeanne	Student Services Technician	43.30	
Tom, Stephen	A&R Technician	34.21	A
Tran, Kimberly	Financial Aid Techniciain	42.63	
Tushla, Nicol	Evaluator	44.86	
Villaroman, Andrea	Student Hourly	10.20	A
Villegas, Fatima	Technician	35.72	
Whitlow, Zachary	Student Hourly	10.20	A
Average		35.28	

A: Used average PHR.

Conclusion: Findings go forward to EFCW FORM-2.

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCED ABADZHYAN Department/Location FC FINANCIAL AID
 Employee Name (Print) Susanna A badzhyan Exact Position Title FA Tech
 Telephone # 714-992-7091 Work year length(circle) (12mo) 11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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

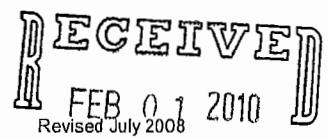
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Susanna Abadzhyan Date 1-26-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

ADMISSIONS + RECORDS - FC
Department/Location

ALBERT ABUTIN
Employee Name (Print)

INTERIM DEAN
Exact Position Title

714) 992-7076 (12mo) 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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Employee Signature *Albert Abutin* Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 10 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions & Records / Fullerton College
Department/Location

Erica Adair
Employee Name (Print)

Administrative Assistant II
Exact Position Title

714-732-5733 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	Ø					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	Ø					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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Employee Signature Erica Adair Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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FEB 01 2010
Revised July 2008

BY: _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Admissions and Records

Employee Name (Print) Criselda Aguirre

Exact Position Title Student hourly

Telephone # (714) 264-5676 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2 min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2 min					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4 min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1 min					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2 min					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1 min					

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 Criselda Aguirre

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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Revised July 2008

BY: _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location FC FINANCIAL AID
 Employee Name (Print) Maria G Aguirre Exact Position Title Financial Aid Technician
 Telephone # 714-992-7091 Work year length(circle) 12mo Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 M. Aguirre Date 1-26-2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location FC FINANCIAL AID
 Employee Name (Print) Jose C Alcaraz Exact Position Title Financial Aid Technician
 Telephone # 714-992-7091 Work year length(circle) (12mo) Fiscal Year: 06-07 07-08 08-09

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

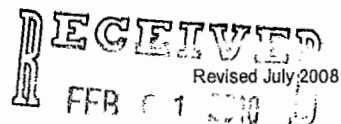
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 1/25/10

If you have any questions, please contact Jose Alcaraz at 25278

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____



BY:

How long did it take you to fill out this form? 1 minute

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Akilah Allen
Employee Name (Print)

Cypress College/Admissions&Records
Department/Location
Evaluator Specialist
Exact Position Title

(714) 484-7433 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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

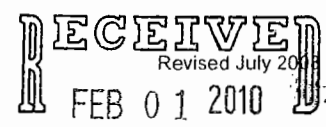
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15+	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15+	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15+	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15+	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Akilah Allen Date 5/14/2009

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



EFCW 1.7-2

How long did it take you to fill out this form? 3min

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Employee Name (Print) Arturo Almaraz

Exact Position Title

47346 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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

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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 *[Handwritten Signature]*

Date 5/21/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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How long did it take you to fill out this form? 2 minutes.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD Cypress College/Admissions&Records
 District Department/Location
Meg Alton Admissions & Records Technician
 Employee Name (Print) Exact Position Title
(714) 484-7349 (12mo)/11mo/10mo/hrly Fiscal Year: 06-07 07-08 (08-09)
 Telephone # Work year length(circle)

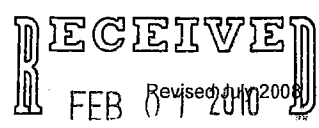
Circle the years for which you are responding.

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	---	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 (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 Meg E. Alton Date May 14, 2009
 If you have any questions, please contact Regina Ford Registrar, at (714) 484-7432
 PLEASE SUBMIT THIS INFORMATION BY 5/15/09 TO Regina Ford.



BY:.....

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Blanca Atkins
Employee Name (Print)

Admission & Records Technician
Exact Position Title

X47409 Telephone # (12mo) Work year length(circle)
11mo/10mo/hrly

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1-2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2-3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2-3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/ delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Blanca Atkins

Date 5/14/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District _____
Jennifer Bass
Employee Name (Print)

Cypress College/Admissions&Records
Department/Location _____
Student Hourly
Exact Position Title

Telephone # _____
Work year length(circle) (12mo)/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	---	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	---	N/A				

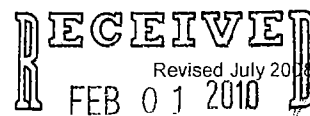
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 Jennifer Bass

Date 5/14/09

If you have any questions, please contact Regina Ford _____ at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____



BY:

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NoCCED
District

Bursar's Office
Department/Location

Claudia Beard
Employee Name (Print)

Account Clerk II
Exact Position Title

(714) 732-5030 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 ^{NSF} Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record. <u>During refund period</u>	10					

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 Claudia Beard

Date 5-14-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCOD
 District Shelley Becemil Department/Location CC-Bursar
 Employee Name (Print) Shelley Becemil Exact Position Title Cashier / registration clerk
 Telephone # (714) 484-7317 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4				✓	

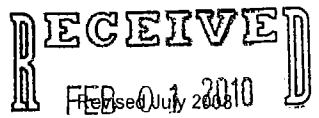
40% of students

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 Shelley Becemil Date 10/15/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



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EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCO

Department/Location Student Services / Admissions & Records

Employee Name (Print) John Bradshaw

Exact Position Title Technician

Telephone # (714) 732-5743

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3 <u>3</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>5</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>4</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>3</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>3</u>					

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 John Bradshaw

Date JUN 10 2009

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

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How long did it take you to fill out this form? 10

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCED Department/Location FINANCIAL AID/CC
 Employee Name (Print) ROSELLE CALDERON-TENEZA Exact Position Title FINANCIAL AID TECHNICIAN
 Telephone # 714) 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting, enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 [Signature] Date 5/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 2

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**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED Department/Location Admissions & Records
 Employee Name (Print) Barbara Caro Exact Position Title Admission Tech.
 Telephone # 714 732-5735 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 B. Caro Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 15 MINS w/ interruptions

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

LY Chang
Employee Name (Print)

EVALUATOR
Exact Position Title

(714) 484-7427 Telephone # (12mo)/11mo/10mo/hrly Work-year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>10-15</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>10-15</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>10-15</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>10-15</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/□delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 [Signature] Date 5.15.09

If you have any questions, please contact Regina Ford, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY 5.15.09; TO REGINA

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How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCO
District

Financial Aid
Department/Location

Keith Coby
Employee Name (Print)

Director of Financial Aid
Exact Position Title

(7) 484-7116 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	15					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	8					

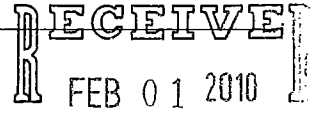
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Keith Coby

Date 05/19/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 3 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCD

Department/Location Admission & Records

Employee Name (Print) Yessenia Coria

Exact Position Title Student Hooply

Telephone # (714) 917-7940 Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1 min</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>1 min</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1 min</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>1 min</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>1 min</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>1 min</u>					

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 [Signature]

Date 02/10/2009

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

Revised July 2008

BY: _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
CHRISTY DAVIS
Employee Name (Print)

Cypress College/Admissions&Records
Department/Location
ADMISSIONS & RECORDS SPECIALIST
Exact Position Title

714-484-7348 (12mo)/11mo/10mo/hrlly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5-45 MIN	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5-15 min	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5-45 MIN	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5-20 min	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

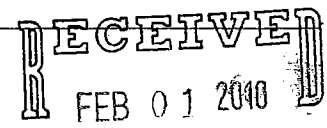
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 [Signature]

Date 5/14/09

If you have any questions, please contact Regina Ford _____ at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____



BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____ District Cypress College/Admissions&Records
 _____ Department/Location
Brian Dean _____ Exact Position Title A&R Technician
 Employee Name (Print)
47344 _____ Telephone # (12mo) 11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 06-07 07-08 (08-09)

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

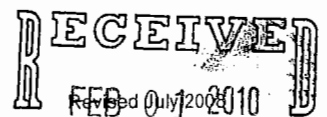
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 [Signature] Date 5-19-09

If you have any questions, please contact Regina Ford _____, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Chris Drisdorn
Employee Name (Print)

Student Hourly
Exact Position Title

(951)710-0180 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5 min.	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5 min.	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	7 min	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2 min	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/ delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

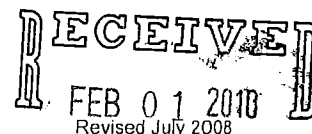
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 Chris A. Drisdorn

Date 5/20/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____, TO _____



BY: _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NoCCCO

Department/Location Financial Aid

Employee Name (Print) Annette Edwards

Exact Position Title Financial Aid Specialist

Telephone # 714 484-7114

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	7					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	7					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	7					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

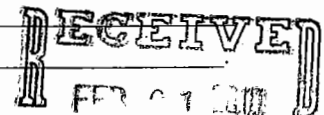
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 [Signature]

Date _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

Revis _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FC ADMISSIONS & RECORDS

Employee Name (Print) ANA FELIX

Exact Position Title SPECIALIST

Telephone # 714-732-5734 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

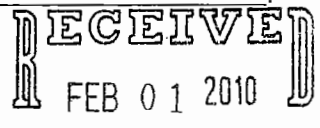
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Employee Signature Ana Felix

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 1 minute

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOC CCD
District
REGINA FORD
Employee Name (Print)

Cypress College/Admissions&Records
Department/Location
REGISTRAR
Exact Position Title

714 484-7432 (2mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	.50-10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1-20	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	.50	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1-20	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

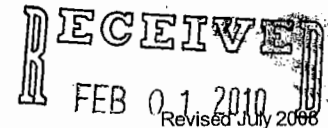
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Employee Signature Regina Ford

Date 5-13-09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FC FINANCIAL AID

Employee Name (Print) Encarnado Galvez

Exact Position Title Clinical Assistant (sub)

Telephone # 714-987-7091 12mo 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature]

Date 1/26/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 5 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N.O.C.C.C.D

ADMISSIONS & RECORDS

District

Department/Location

ELIZABETH A. GUZMAN

TECHNICIAN

Employee Name (Print)

Exact Position Title

713-5738 (2mo) 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

Telephone #

Work year length(circle)

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

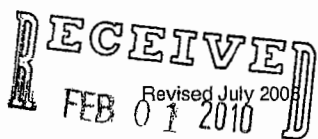
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list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

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 [Signature] Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 10'

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

FINANCIAL AID OFFICE/CC
Department/Location

JACKIE HA
Employee Name (Print)

FINANCIAL AID TECHNICIAN/
SPECIALIST
Exact Position Title

7) 484-7118
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver-eligibility, and printing out a list of enrolled courses.	2		✓			
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					✓
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					✓
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2		✓			
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1	✓				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

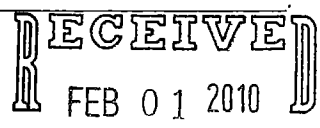
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Employee Signature Jackie Ha

Date 5/14/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCO

Department/Location Admissions and Records

Employee Name (Print) John Halcomb

Exact Position Title Student Hourly

Telephone # (714) 609-3666 Work year length(circle) 12mo/11mo/10mo/9mo

Fiscal Year: 06-07 07-08 08-09

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>1</u> min					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2</u> min					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>1</u> min					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>2</u> min					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>1</u> min					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>1</u> min					

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 John Halcomb

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

BY: _____ Revised July 2008

How long did it take you to fill out this form? 6

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location CC-BUSAR

Employee Name (Print) RENIE HARTER

Exact Position Title MANAGER, CAMPUS ACCOUNTING

Telephone # 714-484-7316 Work year length(circle) 12mo/11mo/10mo/hriy

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

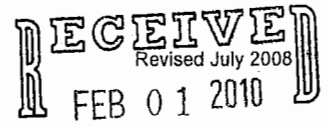
40% of Students

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 Renie Harter Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 3 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location Bursar/Cypress College
 Employee Name (Print) Kevin Henry Exact Position Title Registration Clerk
 Telephone # 714-679-3263 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					✓

40% of student

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 [Signature] Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
 Revised July 2008
 FEB 01 2010

BY: _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Cypress College/Admissions&Records Department/Location

JERI HERNANDEZ Employee Name (Print) ADMINISTRATIVE ASSISTANT II Exact Position Title

714-484-7345 Telephone # (12mo)/11mo/10mo/hrly Work year length(circle) Fiscal Year: 06-07 07-08 (08-09)

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

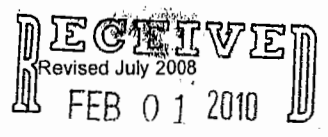
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5 - 15	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	_____	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Jeri Hernandez Date 5/15/09

If you have any questions, please contact Regina Ford, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 13

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCLD Department/Location A & R
 Employee Name (Print) Erandira Hernandez Pulido Exact Position Title Student Hourly
 Telephone # 7148080155 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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

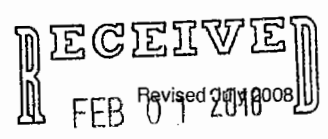
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list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

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 [Signature] Date 6/10/2009

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD Cypress College/Admissions&Records
 District Department/Location
Lindsay Horton Student HAVRY
 Employee Name (Print) Exact Position Title
714)728-8164 (12mo)/11mo/10mo/hrly Fiscal Year: 06-07 07-08 (08-09)
 Telephone # Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3 mins</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3 mins</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>2 mins</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>4 min.</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/□delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Lindsay Horton Date 5/19/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 20 2009

BY:

How long did it take you to fill out this form? 3 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD
LaQuita Jones
 Employee Name (Print)
X 47089
 Telephone #

Financial Aid-CC
 Department/Location
Clerical Assistant I
 Exact Position Title
 Fiscal Year: 06-07 07-08 (08-09)

12mo/11mo/10mo/hrly
 Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 5-18-09
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 8

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District: NOCCCD Department/Location: BOBBATZ - EXPRESS COLLEGE
 Employee Name (Print): JAY KANAAN Exact Position Title: ACCOUNTING TECHNICIAN
 Telephone #: (714) 404-7315 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	6	-				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	30				-	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					-

40% of student

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: [Signature] Date: 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
 Revised July 2008

BY: _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FC FINANCIAL AID

Employee Name (Print) NANCY LARSON

Exact Position Title COORDINATOR

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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

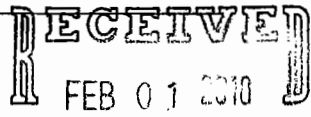
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list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



How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD

A&R / FULLERTON COLLEGE

District

Department/Location

EUZABETH LEDEZINA

TECHNICIAN

Employee Name (Print)

Exact Position Title

(714) 732-5137

Fiscal Year: 06-07 07-08 (08-09)

Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 [Signature] Date 2/1/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

BY: _____ Revised July 2008

How long did it take you to fill out this form? 2

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location Bursar's Office - ce

Employee Name (Print) Maureen Leopold

Exact Position Title Accounting Specialist

Telephone # 484-7318 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	12					

40% OF STUDENTS

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 Maureen Leopold

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2009

BY: _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

RYAN LEOPOLD
Employee Name (Print)

STUDENT HOURLY
Exact Position Title

(714)742-1249 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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

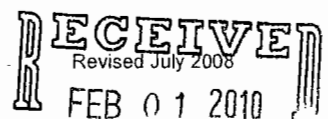
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 [Signature] Date 5-19-09

If you have any questions, please contact Regina Ford _____, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 10 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

ERNESTO LOPEZ
Employee Name (Print)

Student Hourly
Exact Position Title

714-484-8089 (12mo)/11mo/10mo/9
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/ delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 [Signature]

Date 5/14/09

If you have any questions, please contact Regina Ford, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010
Revised July 2008

BY: _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location A&R
LOUIE - JEN
 Employee Name (Print) Kim Louie Jen Exact Position Title Evaluator
 Telephone # 714) 732-5746 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>5 min</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>N/A</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>3 min</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>N/A</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 Kim Louie Jen Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010

How long did it take you to fill out this form? 7

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCO Department/Location CC- Financial Aid Office
 Employee Name (Print) Cheryl Lucero Exact Position Title Financial Aid Technician
 Telephone # ext. 4717 Work/year length(circle) 12mo Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Cheryl Lucero Date 05/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010

BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N.O.C.C.C.D. District Bursar - Fullerton Department/Location
Leslie Mahoney Employee Name (Print) Account Clerk Exact Position Title
714-732-5032 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 06-07 07-08 08-09

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	0					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 06-16-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 Revised July 2008

BY: _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD Department/Location Business Office/CC
 Employee Name (Print) Emily Majdali Exact Position Title Hourly Accounting Tech
 Telephone # 484-7317 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	9	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	24				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					✓

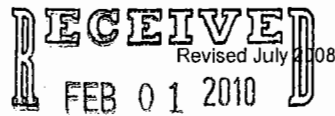
10% of students

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 Umayyah Majdali Date 6/15/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 4mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCO
District

A & R / Fullerton
Department/Location

Delores Martinez
Employee Name (Print)

Technician
Exact Position Title

714-732-5739 (12mo)/11mo/10mo/hrlly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	6					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Delores Martinez Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010

How long did it take you to fill out this form? 1 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Admissions & Records Department/Location
Ailed Masse Employee Name (Print) HOURLY Exact Position Title
(714) 603-8225 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1 min.					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1 min.					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1 min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1 min.					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1 min.					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1 min.					

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 Ailed Masse Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 3min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCCCD Department/Location: A&R Fullerton College
 Employee Name (Print): Fabian Medina Exact Position Title: Student Hourly
 Telephone #: (714) 690-5008 Work year length(circle): 12mo Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>2min</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2min</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>2min</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>1min</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>2min</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>5min</u>					

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: [Signature] Date: 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 Revised July 2008

BY:

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCO Department/Location CC - Bursar
 Employee Name (Print) Gail A. Meinert Exact Position Title Registration Clerk
 Telephone # _____ Fiscal Year: 06-07 07-08 08-09
 Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4			✓	✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					✓

40% of student

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 Gail A. Meinert Date 6-10-2009

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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 FEB 01 2010
 Revised July 2008

BY:.....

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Bursar / Cypress College
Department/Location

Sarah Meinert
Employee Name (Print)

Registration Clerk
Exact Position Title

714-484-7317 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	8					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	8					

40% of student

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 S Meinert

Date 6/15/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:

How long did it take you to fill out this form? 5 mins.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location BURSAR'S OFFICE - FULLERTON COLLEGE

Employee Name (Print) John Miller

Exact Position Title Accounting Technician

Telephone # 714-732-5633

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	12					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					

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 John Miller Date 5/14/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY: _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District

Cypress College/Admissions&Records
Department/Location

Sandra Miranda
Employee Name (Print)

Exact Position Title

Telephone # _____ (12mo)/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>10-15</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>10-13</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>10-15</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>10-15</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

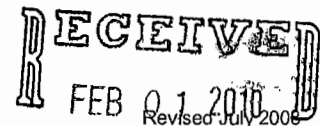
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 Sandra Miranda

Date 5/15/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 6

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Bursars - Cypress

Employee Name (Print) Lisa Morales

Exact Position Title Accounting Tech

Telephone # 714-484-7319 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	25				/	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	12					/

40% of student

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 [Signature] Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010
Revised July 2005

BY: _____

How long did it take you to fill out this form? 6 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Nicole Morrissey
Employee Name (Print)

Student Hourly
Exact Position Title

(714)414-6009 (12mo) 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2-5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3-7	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3-7	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2-3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Nicole Morrissey

Date 5/21/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 21 2010
Revised July 2010

BY: _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Amelia Mosley
Employee Name (Print)

Cypress College/Admissions&Records
Department/Location
Clerical Asst - 40%
Exact Position Title

484-7428 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5-10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5-10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5-20	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5-10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Amelia M. Mosley Date 5/19/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

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Revised July 2006

BY:.....

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N.O.C.C.C.D.
District

Cypress College / Bursars office
Department/Location

Vanessa Murillo
Employee Name (Print)

Accounting Technician
Exact Position Title

(714) 484-7314 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3 min.	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7 min.	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	Varies on question 5-10 min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	6 min.	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20 min.				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7 min.					✓

40% of students

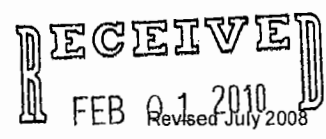
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Vanessa Murillo

Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 5 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

W00000
District
Rena R. Negrete
Employee Name (Print)

Admissions & Records
Department/Location
A+R Specialist
Exact Position Title

714-732-5740 Telephone #
12mo Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Cypress College/Admissions&Records
COLE NGUYEN Department/Location Student-Hourly
 Employee Name (Print) Exact Position Title
 Telephone # (714) 484-7436 Work year length(circle) (12mo)/11mo/10mo/hrly Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/ delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Cole Nguyen Date 5-14-09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 1 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District
Dustin (Tuan) Nguyen

Cypress College/Admissions&Records
Department/Location
Specialist

Employee Name (Print) _____

Exact Position Title _____

(714)484-7429 (12mo)11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

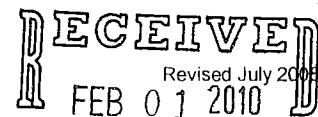
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 *[Signature]*

Date 5/14/09

If you have any questions, please contact Regina Ford, at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____



BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCED

Department/Location FC FINANCIAL AID

Employee Name (Print) Elaine Dropera

Exact Position Title Financial Aid Technician

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Elaine Dropera

Date 1-25-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No. Orange County

Admissions / Evaluations

District
Jayne Padilla

Department/Location

Employee Name (Print)

EVALUATOR

Exact Position Title

714) 732 5745

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

Telephone #

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	NA					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

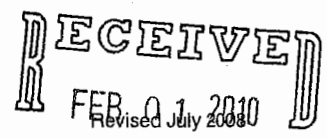
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Jayne Padilla

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location BURSAR'S OFFICE / STUDENT SERVICES
2000 BLDG

Employee Name (Print) LINH QUAN

Exact Position Title ACCOUNTING SPECIALIST

Telephone # 714-732-5034 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	4					

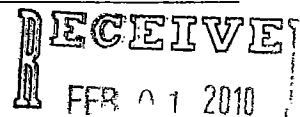
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 *Linh Quan*

Date 5/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 5 min

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District

Cypress College/Admissions&Records
Department/Location

Employee Name (Print) Linda Redd

Exact Position Title Evaluator

X47434 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	20	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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

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BY:.....

EFCW 1.7-2

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 [Signature]

Date 5/15/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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BY:.....

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

MOLCO
District
Deirdre Reid
Employee Name (Print)
25742
Telephone #

ARK/FULLERTON
Department/Location
TECHNICIAN
Exact Position Title
Fiscal Year: 06-07 07-08 08-09

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Deirdre Reid Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NoCCCD

Department/Location Financial Aid Dept. / CC

Employee Name (Print) Alan Perez

Exact Position Title Financial Aid Specialist

Telephone # (714) 484-7114

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>5 min</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>4 min</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>5-10 min</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>5 min</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>15-20 min</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>8 min</u>					

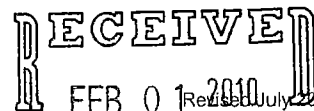
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Alan Perez

Date 5/19/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Brianna Rios
Employee Name (Print)

Hourly (student)
Exact Position Title

(502) 219-9356
Telephone #

(12mo)/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/ delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

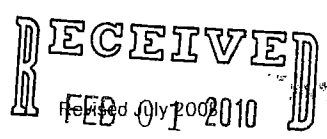
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 [Signature]

Date May 15, 2009

If you have any questions, please contact Regina Ford at (714)484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ TO _____



BY: _____

How long did it take you to fill out this form? 7

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCCCD Department/Location: FC FINANCIAL AID
 Employee Name (Print): Ana Rosa Garcia Exact Position Title: Financial Aid Technician
 Telephone #: 714-992-7091 Work year length(circle): 12mo Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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: Ana Rosa Garcia Date: 1-26-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

Revised July 2008

BY: _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Jessica Rosas
Employee Name (Print)

Student Hourly
Exact Position Title

714) 553-4831 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>4min</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3min</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>5min</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>2min</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	N/A				

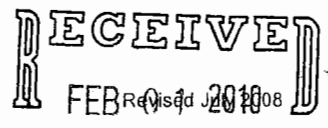
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (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 Jessica Rosas

Date 5/19/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 5 mnts.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FC FINANCIAL AID

Employee Name (Print) Greg Ryan

Exact Position Title Director, Finance + Veterans Svcs.

Telephone # 714-992-7091 (12mo) 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

Circle the years for which you are responding.

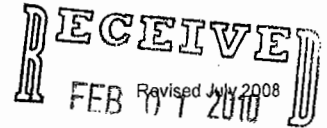
How to report time: Step 1: For each activity, list the average time in minutes
Step 2: Select the appropriate workload multiplier from Form 1.7-1

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3		✓			
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3				✓	
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 1/25/10

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

No CCD
District
Azar Saghafi
Employee Name (Print)
(714) 992-7000 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Admission & Records
Department/Location
Student Hourly
Exact Position Title
Fiscal Year: 06-07 07-08 08-09

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

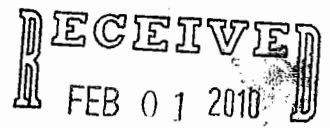
Reimbursable Activities: ENROLLMENT FEE COLLECTION AND CASHIER FUNCTIONS	Average Time in Minutes	Workload Multiplier From 1.7-1(Check one)				
		1	2	3	4	5
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list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

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 Azar Saghafi Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

DIGNA SALDIVAR
Employee Name (Print)

STUDENT HOURLY
Exact Position Title

(714)270-6481 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 Balderson

Date 5-19-09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FIN. AID

Employee Name (Print) REBECA SANDOVAL

Exact Position Title FIN. AID SPECIALIST

Telephone # 484-7119 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Rebecca Sandoval Date 5/19/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCED

Department/Location FC FINANCIAL AID

Employee Name (Print) Laurie Schwiebert

Exact Position Title Administrative Assistant FI

Telephone # 714-992-7091 Work year length(circle) 12mo / 11mo / 10mo / hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	3					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Laurie Schwiebert

Date 1/25/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 3min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Siavash Shakeri
Employee Name (Print)

Student-Howly
Exact Position Title

(714) 484-7346 (12mo)/11mo/10mo/~~9mo~~
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>10+</u>	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>4+</u>	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>5+</u>	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>10+</u>	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/ <input type="checkbox"/> delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	---	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 (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 S. Shakeri

Date 5/20/09

If you have any questions, please contact Regina Ford _____, at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

How long did it take you to fill out this form? 4 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College - Financial AID
Department/Location

Jeanne Thompson
Employee Name (Print)

Student Services Technician
Exact Position Title

(714) 484-7000 x4508 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	Ø					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	Ø					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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 Jeanne Thompson Date 5/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

BY: _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Cypress College/Admissions&Records
Department/Location

Stephen Tom
Employee Name (Print)

A & R Technician
Exact Position Title

X47092 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5 – 10 minutes Avg.	X				
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5 – 10 minutes Avg.	X				
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	5 – 10 minutes Avg.	X				
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	5 – 10 minutes Avg.	X				
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/ delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	----	N/A				
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	----	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 (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 May 14, 2009

If you have any questions, please contact Regina Ford _____ at (714)484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____ : TO _____

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FEB 01 2010

Revised July 2008

BY: _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.
NOCCCD Financial Aid/ Cypress College

District
Kimberly Tran

Department/Location
Financial Aid Technician

Employee Name (Print)
48120

Exact Position Title

Telephone # 12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7 min					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	-----					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4 min					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	-----					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7 min					

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 Kimberly Tran Date 5-18-09

If you have any questions, please contact Me, at 48120

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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FEB 01 2010

BY:.....

How long did it take you to fill out this form? 10

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

North Orange County Community College
District J PICOL TUSHLA

Admissions + Records / Fullerton College
Department/Location

Nicol Tuchs
Employee Name (Print)

Evaluator
Exact Position Title

(714) 732-5747 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>60</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>60</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>0</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>0</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>0</u>					

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 Nicol Tuchs

Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 4

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location Admissions & Records
 Employee Name (Print) Andrea Villaroman Exact Position Title Student Hourly
 Telephone # (714) 213-2907 Work year length(circle) 12mo/11mo/10mo/9mo/8mo Fiscal Year: 06-07 07-08 08-09

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

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 Andrea Villaroman Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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REVISED JULY 2008

BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCED

Department/Location FC FINANCIAL AID

Employee Name (Print) Fatima Villegas

Exact Position Title TECH

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Fatima Villegas

Date 1/26/2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010

BY: _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCD
District

Admissions & Records
Department/Location

Zachary Whitlow
Employee Name (Print)

Student Hourly
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1 min.	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1 min.	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2 mins.	✓				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2 mins.	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4 mins. 2-5 mins.	✓				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2 mins.	✓				

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 Zachary Whitlow

Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

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FEB 01 2010
Revised July 2008

BY:.....

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2008-2009
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8		7	
		**Activity Codes					
		21	22	23	24	25	26
Abadzhyan, Susanna	FA Technician	3	5	2	3	4	
Abutin, Albert	Interim Dean	2					
Adakai, Ericka	Administrative Assistant II	4					
Aguirre, Griselda	Student Hourly	1					
Aguirre, Maria G.	FA Technician	3	5	2	3	4	
Alcaraz, Jose	FA Technician	3	5	2	3	4	
Beard, Claudia	Account Clerk II	10					
Bradshaw, John	Technician	1					
Calderon-Teneza, Roselle	FA Technician	4	5	10	5	8	8
Caro, Barbara	Admissions Technician	1					
Cobb, Keith	Director, Financial Aid	5	10	10	10	10	7
Coria, Yessenia	Student Hourly	1					
Edwards, Arnette	Financial Aid Technician	5	5	5	5	5	5
Felix, Ana	Specialist	1					
Galvez, Everardo	Clerical Assistant	3	5	2	3	4	
Guzman, Elizabeth A.	Technician	5					
Ha, Jackie	Financial Aid Technician/Specialist	7	8	8	8	8	8
Halcomb, John	Student Hourly	1					
Hernandez Pulido, Erandira	Student Hourly	3					
Jones, LaQuita	Clerical Assistant	5	5	5	5	10	5
Larson, Nancy	Coordinator	3	5	2	3	4	
Ledezma, Elizabeth	Technician	1					
Louie-Jeu, Kim	Evaluator	1					
Lucero, Cheryl	FA Technician	7	7	7	7	7	7
Mahoney, Leslie	Account Clerk	1					
Martinez, Delores	Technician	5	5	5	5	5	5
Masse, Alled	Student Hourly	1					
Medina, Fabian	Student Hourly	2					
Miller, John	Accounting Technician	2					
Negrete, Rena R.	A&R Specialist	2					
Oropeza, Elaine	Financial Aid Technician	3	5	2	3	4	
Oropeza, Lourdes F.	Student Services Technician	3	5	2	3	4	
Padilla, Jayme	Evaluator	1					
Quan, Linh	Accounting Specialist	1					
Reid, Denise	Technician	2					
Reza, Alan	Financial Aid Specialist	5	10	10	10	10	7
Rosa Garcia, Ana	FA Technician	3	5	2	3	4	
Ryan, Greg	Director, Financial Aid & Veterans	3	5	2	3	4	
Saghaei, Azar	Student Hourly	1					
Sandoval, Rebeca	Financial Aid Specialist	3	1	3		1	
Schwiebert, Laurie	Administrative Assistant I	3	5	2	3	4	
Thompson, Jeanne	Student Services Technician	5					
Tran, Kimberly	FA Technician	7	8	6	4	6	7
Tushla, Nicol	Evaluator	10					
Villaroman, Andrea	Student Hourly	1					
Villegas, Fatima	Technician	3	5	2	3	4	
Whitlow, Zachary	Student Hourly	1					
Average		3.1	5.7	4.3	4.6	5.4	6.6

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2008-2009
Time Study

*EFW Workload Multiplier (Default)

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.

22 - Receive 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.

23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.

24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.

25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.

26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Conclusion: Findings go forward to Schedule 1B.

Schedule 3A
 North Orange County community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2008-2009
 Average PHR

Purpose: To calculate average PHR for Financial Aid staff.

Source: North Orange County CCD PHR's.

Findings:

Staff	Title	08-09	
Abadzhyan, Susanna	FA Technician	36.48	
Abutin, Albert	Interim Dean	86.79	A
Adakai, Ericka	Administrative Assistant II	35.90	
Aguirre, Griselda	Student Hourly	10.20	A
Aguirre, Maria G.	FA Technician	39.42	
Alcaraz, Jose	FA Technician	44.64	
Beard, Claudia	Account Clerk II	40.72	
Bradshaw, John	Technician	35.61	
Calderon-Teneza, roselle	FA Technician	43.37	
Caro, Barbara	Admissions Technician	48.00	
Cobb, Keith	Director, Financial Aid	87.30	A
Coria, Yessenia	Student Hourly	9.90	
Edwards, Arnette	Financial Aid Technician	50.23	
Felix, Ana	Specialist	55.26	
Galvez, Everardo	Clerical Assistant	42.67	A
Guzman, Elizabeth A.	Technician	43.55	
Ha, Jackie	Financial Aid Technician/Specialist	47.67	
Halcomb, John	Student Hourly	10.20	A
Hernandez Pulido, Erandira	Student Hourly	10.20	A
Jones, LaQuita	Clerical Assistant	33.44	
Larson, Nancy	Coordinator	58.45	
Ledezma, Elizabeth	Technician	34.21	
Louie-Jeu, Kim	Evaluator	41.48	
Lucero, Cheryl	FA Technician	42.92	
Mahoney, Leslie	Account Clerk	40.32	
Martinez, Delores	Technician	39.60	
Masse, Alled	Student Hourly	10.20	A
Medina, Fabian	Student Hourly	10.20	A
Miller, John	Accounting Technician	40.52	
Negrete, Rena R.	A&R Specialist	44.14	
Oropeza, Elaine	Financial Aid Technician	45.40	
Oropeza, Lourdes F.	Student Services Technician	49.45	
Padilla, Jayme	Evaluator	35.96	
Quan, Linh	Accounting Specialist	46.09	
Reid, Denise	Technician	34.04	
Reza, Alan	Financial Aid Specialist	55.90	
Rosa Garcia, Ana	FA Technician	45.18	A
Ryan, Greg	Director, Financial Aid & Veterans Scvs.	87.30	A
Saghael, Azar	Student Hourly	10.20	A
Sandoval, Rebeca	Financial Aid Specialist	47.01	
Schwiebert, Laurie	Administrative Assistant I	40.44	
Thompson, Jeanne	Student Services Technician	43.30	
Tran, Kimberly	FA Technician	42.63	
Tushla, Nicol	Evaluator	44.86	
Villaroman, Andrea	Student Hourly	10.20	A
Villegas, Fatima	Technician	35.72	
Whitlow, Zachary	Student Hourly	10.20	A
Average		39.52	

A: Average PHR used.

Conclusion: Findings go forward to EFCW FORM-2.

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCRED

Department/Location FC FINANCIAL AID

Employee Name (Print) Susanna Abadzhyan

Exact Position Title FA TECH

Telephone # 714-992-7091 Work year length(circle) 12mo / 11mo / 10mo / hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Susanna Abadzhyan Date 1-20-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY: _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

NOCCCO
District

ADMISSIONS & RECORDS - FC
Department/Location

ALBERT ABUTIN
Employee Name (Print)

INTERIM DEAN
Exact Position Title

714) 992-7076 (2mo) 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

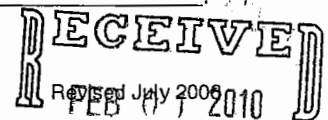
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 Albert Abutin Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 6 minutes

EFCW 1.7-3

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

NOCCCD
District

Admissions & Records / Fullerton College
Department/Location

Evicka Adakai
Employee Name (Print)

Administrative Assistant II
Exact Position Title

714-732-5133 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

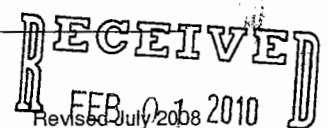
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Ø			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	Ø			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	Ø			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	Ø			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	Ø			

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 Evicka Adakai Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 1 min.

EFCW 1.7-3

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

District NOCCO

Department/Location Admissions and records

Employee Name (Print) Eriselda Aguirre

Exact Position Title student hourly

Telephone # (714) 264 5676 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

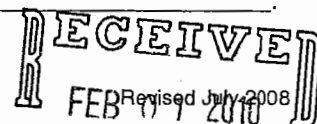
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1 MIN</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature [Signature] Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCCARD

Department/Location FC FINANCIAL AID

Employee Name (Print) Maria G Aguirre

Exact Position Title Financial Aid Technician

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 M. Aguirre Date 1-26-2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY: _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

District: NOCCCD Department/Location: FC FINANCIAL AID
 Employee Name (Print): Jose Alcaraz Exact Position Title: Financial Aid Technician
 Telephone #: 714-992-7091 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09
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 17-1

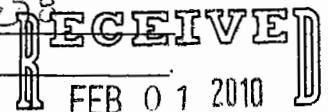
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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: 1/27/10

If you have any questions, please contact Jose Alcaraz, at 2523

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

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

NACCD
District

Burars Office
Department/Location

Claudia Beard
Employee Name (Print)

Account Clerk II
Exact Position Title

(714) 732-5030 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

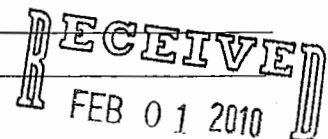
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	X			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	X			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	X			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	X			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	X			

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 Claudia Beard Date 5-14-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

WCCCD
District

Students Services - Admissions Records
Department/Location

John Brackshaw
Employee Name (Print)

Technician
Exact Position Title

(714) 732-5743 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

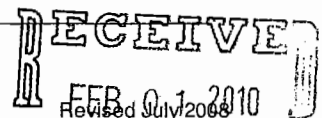
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 John Brackshaw Date JUN 10 2009

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 10

EFCW 1.7-3

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

NOCRED District
ROSELLE CALDERON-TENEZA Employee Name (Print)
FINANCIAL AID / CC Department/Location
FINANCIAL AID TECHNICIAN Exact Position Title
714) 484-7114 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 06-07 07-08 08-09

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 17-1

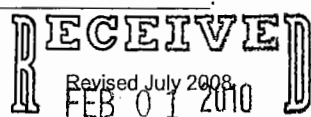
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	8			

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 [Signature] Date 5/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

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

W00000
District
Barbara Caro
Employee Name (Print)

admission records
Department/Location
admission technician
Exact Position Title

714 732-5135 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 B. Caro Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2009
Revised July 2008

BY: _____

How long did it take you to fill out this form? 3

EFCW 1.7-3

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

NOCCCD
District
Keith Cobb
Employee Name (Print)

Financial Aid
Department/Location
Director of Financial Aid
Exact Position Title

(7) 484-7116
Telephone #
12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

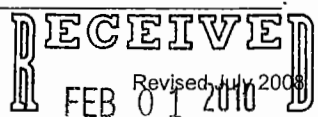
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	7			

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 Keith Cobb Date 05/19/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 1 min.

EFCW 1.7-3

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

District NOCCD Department/Location Admissions & Records
 Employee Name (Print) Jessenia Coria Exact Position Title Student Hourly
 Telephone # (714) 997-7940 Work year length (circle) 12mo/11mo/10mo/9mo Fiscal Year: 06-07 07-08 08-09

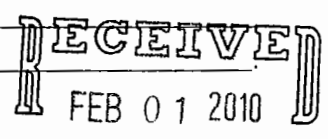
Circle the years for which you are responding.

How to report time: Step 1: For each activity, list the average time in minutes
 Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1 min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 [Signature] Date 10/10/09
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? _____

EFCW 1.7-3

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

District NOCCCD

Department/Location Financial Aid

Employee Name (Print) Arnette Edwards

Exact Position Title Financial Aid Specialist

Telephone # 714 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

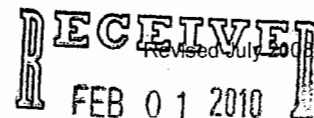
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 [Signature] Date _____

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 1

EFCW 1.7-3

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

District NOCCCD Department/Location FC AER

Employee Name (Print) ANA FELIX Exact Position Title SPECIALIST

Telephone # 714) 7325734 Work year length(circle) 12mo/11mo/10mo/hrly. Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Ana Felix Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCCCD

Department/Location FC FINANCIAL AID

Employee Name (Print) Everardo Galvez

Exact Position Title Clerical Assistant (Sub)

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature] Date 1/26/10

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY: _____

How long did it take you to fill out this form? 5 min.

EFCW 1.7-3

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

NOCCP District
ADMISSIONS & RECORDS Department/Location
ELIZABETH A. GUZMAN Employee Name (Print)
TECHNICIAN Exact Position Title
7) 732-5739 Telephone # 12mo Work year length(circle)
 Fiscal Year: 06-07 07-08 08-09

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 17-1

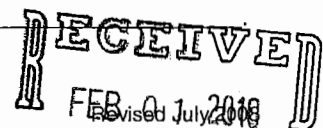
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 [Signature] Date 2/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 07'

EFCW 1.7-3

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

NOCCEED
District

FINANCIAL AID OFFICE - CC
Department/Location

JACKIE HA
Employee Name (Print)

FINANCIAL AID TECHNICIAN / SPE.
Exact Position Title

7) 484-7118 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

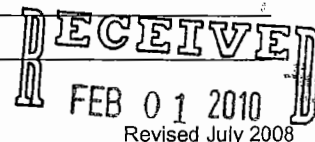
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	7		✓	
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	8			✓
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	8			✓
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	8			✓
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	8			✓
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	8			✓

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Employee Signature Jackie Ha Date 5/15/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

District NOCCCO

Department/Location Admissions and Records

Employee Name (Print) John Halcomb

Exact Position Title Student Hourly

Telephone # (714) 609-3661 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1 min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 J Halcomb Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCCCD Department/Location AJR
 Employee Name (Print) Erandira Hernandez Pulido Exact Position Title Student Hourly
 Telephone # 714 8080155 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 [Signature] Date 6/10/2009

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
 FEB 01 2010

Revised July 2008
 BY: _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

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

District NOCCCO

Department/Location Financial Aid-CC

Employee Name (Print) LaQuita Jones

Exact Position Title Clerical Assistant I

Telephone # 047089

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

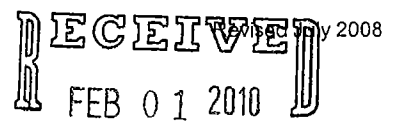
How to report time: Step 1: For each activity, list the average time in minutes
Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 [Signature] Date 5-18-09

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCORS

Department/Location FC FINANCIAL AID

Employee Name (Print) NANDY LARSON

Exact Position Title COORDINATOR

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

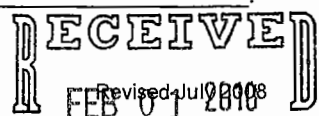
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 _____



BY: _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

NOCCCD District A&R / FULLERTON College Department/Location
EUZABETH LEDEZMA Employee Name (Print) TECHNICIAN Exact Position Title
X-25737 Telephone # 2mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

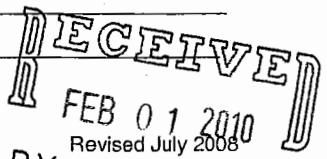
How to report time: Step 1: For each activity, list the average time in minutes
 Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 [Signature] Date 6/10/09

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

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

NOCDD
District _____ Department/Location _____
Kim Louie-Jen
Employee Name (Print) _____ Evaluator _____
714 732 5746 Telephone # _____ 12mo/11mo/10mo/hrly Work year length(circle) _____ Fiscal Year: 06-07 07-08 08-09

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 17-1

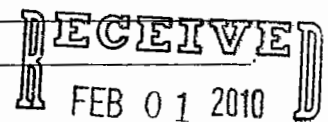
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1 min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Kim Louie-Jen Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 7 minutes

EFCW 1.7-3

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

District NOCCLD Department/Location CC- Financial Aid Office
 Employee Name (Print) Cheryl Lucero Exact Position Title Financial Aid Technician
 Telephone # ext. 47117 Work year length(circle) 12mo Fiscal Year: 06-07 07-08 08-09

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 17-1

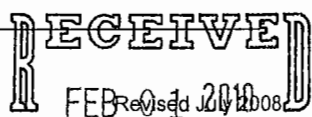
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	7			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	7			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	7			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	7			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	7			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	7			

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 Cheryl Lucero Date 05/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

N.O.C.C.D.
District
Leslie Mahoney
Employee Name (Print)

Bursar - Fullerton
Department/Location
Account Clerk
Exact Position Title

714-732-5032 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	6			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	6			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	6			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	6			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	6			

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 Leslie Mahoney Date 06-04-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

Revised July 2008

BY:.....

How long did it take you to fill out this form? 4 mins

EFCW 1.7-3

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

NOCCCD
District

A & R / Fullerton
Department/Location

Delores Martinez
Employee Name (Print)

Technician
Exact Position Title

714-732-5139 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 Delores Martinez Date 6-10-09

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010
Revised July 2008

BY:

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

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

NOCCCD

District

Admissions & Records

Department/Location

Ailed Masse

Employee Name (Print)

Hourly

Exact Position Title

(714) 603-8225

Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1 min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

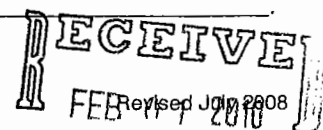
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Ailed Masse

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 1min

EFCW 1.7-3

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

District NOCCCD Department/Location A&R Fullerton College
Employee Name (Print) Fabian Medina Exact Position Title Student Hourly

Telephone # (714) 650-5008 Work year length(circle) 12mo Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 [Signature] Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 01 2010

How long did it take you to fill out this form? 5 MINS

EFCW 1.7-3

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

District NOCED
Employee Name (Print) John Miller

Department/Location BURSAR'S OFFICE - FULLERTON COLLEGE
Exact Position Title ACCOUNTING TECHNICIAN

Telephone # 714-732-5033
Work year length(circle) 12mo/11mo/10mo/hrlly

Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

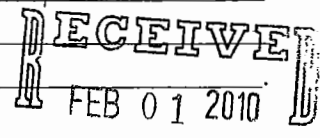
How to report time: Step 1: For each activity, list the average time in minutes
Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 [Signature] Date 5/14/09

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 3 mins

EFCW 1.7-3

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

District NOCCCD Department/Location Admissions + Records
Employee Name (Print) Rena R. Negrete Exact Position Title A+R Specialist

Telephone # 714-732-5740 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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 17-1

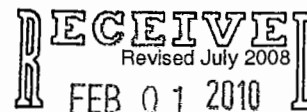
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 [Signature] Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCORS
Employee Name (Print) Elaine Oropeza

Department/Location FC FINANCIAL AID
Exact Position Title Financial Aid Technician

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

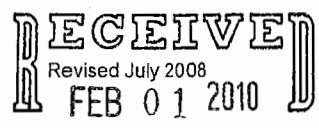
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Elaine Oropeza Date 1-25-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NORCIS Department/Location FC FINANCIAL AID
 Employee Name (Print) Lourdes F. Oropeza Exact Position Title St. Services Tech
 Telephone # 714-992-7091 Work year length(circle) 12mo Fiscal Year: 06-07 07-08 08-09
714 732 52 84 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Lourdes F. Oropeza Date 1-26-10
 If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
 Revised July 2008
 FEB 01 2010

BY:

How long did it take you to fill out this form? 3

EFCW 1.7-3

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

District No. Orange County

Department/Location Admissions/Evaluations

Employee Name (Print) Jayne Padilla

Exact Position Title Evaluator

Telephone # 714 325 745

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

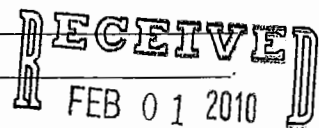
How to report time: Step 1: For each activity, list the average time in minutes
Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	NA			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	NA			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	NA			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	NA			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	NA			

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 Jayne Padilla Date 1/10/09

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 2

EFCW 1.7-3

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

NOCCLD
District

BURSAR'S OFFICE / 2000 BLDG
Department/Location

LINH QUAN
Employee Name (Print)

ACCOUNTING SPECIALIST
Exact Position Title

714-732-5034 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

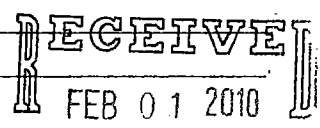
How to report time: Step 1: For each activity, list the average time in minutes
Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 *Linh Quan* Date 5/18/09

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 2

EFCW 1.7-3

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

MOCCO
District
DENISE REID
Employee Name (Print)

ASR / FULLERTON
Department/Location
TECHNICIAN
Exact Position Title

25742
Telephone #

(12mo)/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 06-07 07-08 (08-09)

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 17-1

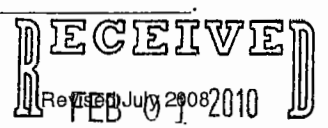
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 Denise Reid Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

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

District NOCED Department/Location Financial Aid Dept
 Employee Name (Print) Alan Perez Exact Position Title Financial Aid Specialist
 Telephone # (714) 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

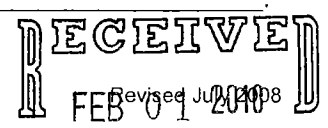
How to report time: Step 1: For each activity, list the average time in minutes
 Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5 min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>10 min</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>10 min</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>10 min</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>10 min</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>7 min</u>			

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 Alan Perez Date 5/19/09

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NORRIS

Department/Location EC FINANCIAL AID

Employee Name (Print) Ana Rosa Garcia

Exact Position Title Financial Aid Technician

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

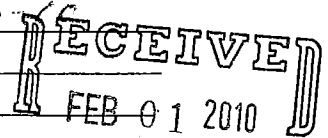
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Ana Rosa Garcia

Date 1 26 2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 3 MNTS.

EFCW 1.7-3

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

District NORCO Department/Location FC FINANCIAL AID
 Employee Name (Print) Greg Ryan Exact Position Title Director, fin aid + Veterans Svcs
 Telephone # 714-992-7091 Work year length(circle) 12mo Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			✓
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			✓
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			✓
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3		✓	
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4		✓	
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Greg Ryan Date 2/25/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
 Revised July 2008
 FEB 01 2010

BY: _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

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

District NOCCD

Department/Location Admission & Records

Employee Name (Print) Azar Saghaj

Exact Position Title Student Hourly

Telephone # (714) 992-7000 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 Azar Saghaj

Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
FEB 20 2010
Revised July 2009

BY: _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

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

District NOCED

Department/Location Fin. Aid

Employee Name (Print) REBECA SANDOVAL

Exact Position Title FIN. AID SPECIALIST

Telephone # 714) 484-7119 Work year length(circle) 12mo (11mo) 10mo/hrly

Fiscal Year: 06-07 07-08 (08-09)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	1			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	1			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 Rebeca Sandoval Date 5/19/09

If you have any questions, please contact _____; TO _____

RECEIVED
FEB 01 2010

BY: _____

How long did it take you to fill out this form? 30 sec

EFCW 1.7-3

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

District NORCO

Department/Location FC FINANCIAL AID

Employee Name (Print) Laurie Schwiebert

Exact Position Title Administrative Assistant I

Telephone # 714-992-7091 Work year length(circle) 12mo / 11mo / 10mo / hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

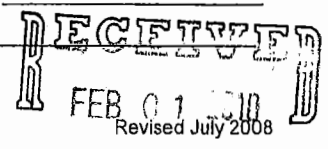
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Laurie Schwiebert Date 1/25/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:.....

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

NOCCCD
District

Cypress College Financial Aid
Department/Location

Jeanne Thompson
Employee Name (Print)

Student Services Technician
Exact Position Title

(714) 484-7000 x4513 12mo / 11mo / 10mo / hrly
Telephone # Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

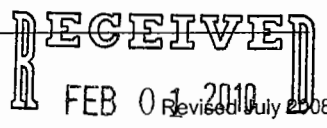
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Ø			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	Ø			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	Ø			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	Ø			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	Ø			

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 Jeanne Thompson Date 5/18/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-3

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

District NOCCCD Department/Location Fin Aid / CC
 Employee Name (Print) Kimberly Tran Exact Position Title Financial Aid Tech
 Telephone # 48120 Work year length(circle) 12mo 11mo/10mo/hrlly Fiscal Year: 06-07 07-08 08-09

Circle the years for which you are responding.

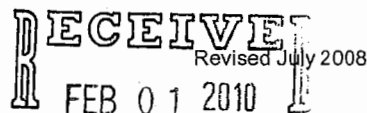
How to report time: Step 1: For each activity, list the average time in minutes
 Step 2: Select the appropriate workload multiplier from Form 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	7 min			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	8 min			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	6 min			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	4 min			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	6 min			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	7 min			

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 Kimberly Tran Date 5/18/09
 If you have any questions, please contact me at 48120

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____



How long did it take you to fill out this form? 10

EFCW 1.7-3

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

North Orange County Comm Coll
District

Admissions & Records / Fullerton College
Department/Location

Nicol Tushla
Employee Name (Print)

Evaluator
Exact Position Title

(714) 932-5947 Telephone # 10mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

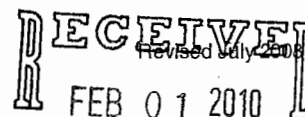
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which 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 Nicol Tushla

Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



How long did it take you to fill out this form? 1

EFCW 1.7-3

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

District NOCCCD Department/Location Admissions & Records
 Employee Name (Print) Andrea Villaroman Exact Position Title Student Hourly
 Telephone # (714) 213-2907 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 06-07 07-08 08-09

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Andrea Villaroman Date 6/10/09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

RECEIVED
 FEB 01 2010
 Revised July 2008

BY:

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCORS

Department/Location FC FINANCIAL AID

Employee Name (Print) Rafina Villegas

Exact Position Title TECH

Telephone # 714-992-7091 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

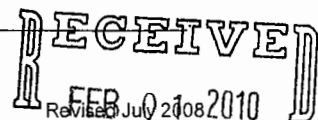
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Rafina Villegas Date 1/26/2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY:

How long did it take you to fill out this form? _____

EFCW 1.7-3

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

NOCCD
District

Admissions & Records
Department/Location

Zachary Whitlow
Employee Name (Print)

Student Hourly
Exact Position Title

Telephone # _____
Work year length (circle) 12mo/11mo/10mo/hrly

Fiscal Year: 06-07 07-08 08-09

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 17-1

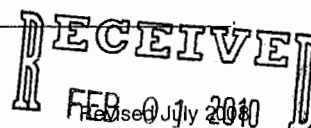
Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1 m.n.	/		
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Zachary Whitlow Date 6-10-09

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____



BY: _____

CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2008-09 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ORANGE COUNTY

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU. MAY 2009	JUNE PAYMENT	TOTAL PAID THRU. JUNE 2009
GENERAL APPORTIONMENT	90,312,918	73,908,692	1,884,456	75,793,148
ENROLL FEE ADMIN (2%)	97,611	88,708	8,903	97,611
APPRENTICE ALLOWANCE	23,931	19,879	4,052	23,931
BASIC SKILLS	1,355,946	1,216,778	139,168	1,355,946
S. F. A. A.	1,024,510	920,667	103,843	1,024,510
E. O. P. S.	2,490,181	2,196,649	293,532	2,490,181
C. A. R. E.	308,934	276,880	32,054	308,934
D. S. P. S.	2,786,946	2,253,812	533,134	2,786,946
STATE HOSPITALS	0	0	0	0
CALWORKS	745,046	558,151	186,895	745,046
MATRICULATION (CREDIT)	1,852,408	1,606,113	246,295	1,852,408
MATRICULATION (NONCREDIT)	1,403,422	897,642	505,780	1,403,422
FAC. & STAFF DIVERSITY	31,573	26,116	5,457	31,573
PART-TIME FACULTY ALLOCATION	1,570,638	1,337,422	233,216	1,570,638
TELECOMMUNICATIONS	72,072	66,308	5,764	72,072
INST. EQUIPMENT & LIBRARY	386,654	340,013	46,641	386,654
SCHDL. MAINT. & REPAIRS	386,688	340,040	46,648	386,688
TANF	146,590	110,875	35,715	146,590
ECONOMIC DEVELOPMENT	1,799,500	1,448,460	63,120	1,511,580
NURSING EDUCATION	197,467	92,820	73,052	165,872
OTHER ADJUSTMENTS	0	0	0	0
STATE CAREER TECH. EDUCATION 07-08	80,000	67,200	12,800	80,000
STATE CAREER TECH. EDUCATION 06-07	0	0	0	0
CHILDCARE TAXBAILOUT	0	0	0	0
TRANSFER & ARTICULATION	8,000	8,000	0	8,000
FUNDING OBLIGATION SETTLEMENT(SB1133)	299,159	275,228	23,931	299,159
STATE CAREER TECH. EDUCATION 08-09	400,000	368,000	32,000	400,000
PART-TIME FAC OFFICE HOURS	573,189	0	573,189	573,189
PART-TIME FAC INS.	20,231	0	20,231	20,231
PRIOR YEAR CORRECTION	158,308	93,996	64,312	158,308
GENERAL APPORTIONMENT BACKFILLS	1,838,950	1,838,950	0	1,838,950
TOTAL	110,370,872	90,357,399	5,174,188	95,531,587

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Collection and Waivers
 Fiscal Year 2006-2007 through 2008-2009
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source		Total		
			06-07	07-08	08-09
EFC 1	1.8-1 1.	Enrolled Students	83,159	84,740	86,323
EFC 2	1.8-1 2.	Paid Enrollment fees	68,239	56,135	52,249
EFC 3	1.8-1 3.	Exempted from enrollment fees (BOGG, etc.)	14,920	28,605	34,074
EFC 4	1.8-2 1.	Delinquencies collections	589	1,240	1,091
EFC 5	1.8-2 2.	Refunds	4,843	5,749	6,271
EFC 6	1.8-3 1.	Waivers Requested	30,300	30,650	47,397
EFC 7	1.8-3 2.	Waivers Approved	28,003	29,375	47,243
EFC 8	1.8-3 (1-2)	Waivers Denied	2,297	1,275	154

*EFC/EFW Workload Multiplier

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFC 6 - Total number of enrollment fee waivers requested

EFC 7 - Total number of enrollment fee waivers granted

EFC 8 - Total number of enrollment fee waivers denied

Conclusion: Findings will go forward to the Schedule 1A and 1B.

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	06-7	07-8	08-9
1. Number of students enrolled each fiscal year. (Not FTE's)			
Summer			<i>please see attached</i>
Fall			
Winter/ Intersession			
Spring			
Total			
2. Number of students who paid enrollment fees:			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			
3. Number of students exempted from paying enrollment fees (BOGG, etc):			
Summer			
Fall			
Winter/ Intersession			
Spring			✓
Total			

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: *Kashu Vyas* Date 1/28/10

Kashu Vyas Accounting Specialist
Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

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1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.
 Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	2008	14,842	22,014
Spring	2009	13,929	21,103
Summer	2009	4,936	9,499
Totals 2008-09		33,707	52,616

= 86,323

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2.
 Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
Fall	2008	8,807	14,098
Spring	2009	7,716	13,049
Summer	2009	2,530	6,049
Totals 2008-09		19,053	33,196

= 52,249

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3.
 Source: Banner a/o 1/22/10

NOTE: CCCO Website no longer presents the unique counts for BOG.
 Since we took this from Banner, we are presenting Fall 2008, Spring 2009 and Summer 2009 below,
 which is consistent with our academic year info in Banner.

Term	Yr	Cypress	Fullerton
Fall	2008	6,035	7,916
Spring	2009	6,213	8,054
Summer	2009	2,406	3,450
Totals 2008-09		14,654	19,420

= 34,074

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308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	06-7	07-8	08-9
1. Number of enrollment fee accounts receivable requiring collection:			
Summer			<i>Please see attached</i>
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility			
Summer			
Fall			
Winter/Intersession			
Spring			
Total			✓

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: *K. Vyas* Date 1/28/10
Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

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4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1.

Source: Banner a/o 1/21/10

Term	Yr	Cypress	Fullerton
Fall	2008	188	269
Spring	2009	191	296
Summer	2009	48	99

427 650 1,091

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver

Eligibility

SixTen Form: EFCW 1.8-2, #2.

Source: Banner

Term	Yr	Cypress & Fullerton Combined
------	----	------------------------------

Fall	2008	3,304
Spring	2009	2,089
Summer	2009	878

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308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	06-7	07-8	08-9
1. Number of enrollment fee waivers requested (BOGG etc.)			
Summer			<i>Please see attached.</i>
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee waivers approved (BOGG, etc.)			
Summer			
Fall			
Winter/Intersession			
Spring			
Total			✓

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: *K. Vyas* Date 1/28/10
Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

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Revised JULY 2008

BY: _____

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton	
2008-09	22,088	25,309	= 47,397

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton	
2008-09	22,005	25,238	= 47,243

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton	
2008-09	83	71	= 154

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BY: _____

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orage County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	06-7	07-8	08-9
1. Enrollment Fees Collected	\$	\$	\$
2. Enrollment Fees Refunded	\$	\$	\$ <i>please see attached.</i>
3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$ <i>see attached.</i>
4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$
5 Number of credit units for which enrollment fees were waived.			
A. Summer			
B. Fall			
C. Winter/Intersession			
D. Spring			
TOTAL x \$0.91 per credit			✓

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: *Kashu Vyas* Date 1/28/10
 Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas at 714-808-4725

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BY: _____ Revised July 2008

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment. ***

Academic Year	Cypress	Fullerton
2008-09	3,308,194	5,671,870

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees.

**

NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

Academic Year	Cypress	Fullerton
2008-09	767,622	1,282,356

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton
2008-09	3,341,790	5,730,250 =

9,072,040

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12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2008-09 2,271,698 3,193,960 CCCO Website presents the year as Summer - Spring

total
5-6-5-0-50

↕
Banner presents the year as Fall - Summer. This is the info I used in calculating the answers for Items 9 - 11 above.

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall 2008 1,135,658 1,606,750

Spring 2009 1,151,260 1,616,870

Summer 2009 173,120 296,050

Totals 2007-08 2,460,038 3,519,670

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall 2008 56,783 80,338

Spring 2009 57,563 80,844

Summer 2009 8,656 14,803

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

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Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2008-2009

Data Current As Of January 21, 2010 03:18:14

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	93	30,348
BOGW - Part B based on income standards	3,566	1,016,680
BOGW - Part C based on financial need	3,542	1,224,670

Total Amount = \$ 2,271,698

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Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2008-2009**

Data Current As Of January 21, 2010 03:18:47

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	98	36,440
BOGW - Part B based on income standards	5,073	1,602,770
BOGW - Part C based on financial need	4,260	1,554,750

Total Amount = \$ 3,193,960

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Student Demographics

**Student Total Headcount For Cypress
For 2008 Fall Term**

Data Current As Of January 21, 2010 12:45:24

Total Headcount	14,842
------------------------	--------

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Student Demographics

**Student Total Headcount For Cypress
For 2009 Spring Term**

Data Current As Of January 21, 2010 12:45:58

Total Headcount	13,929
------------------------	--------

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Student Demographics

Student Total Headcount For Cypress For 2009 Summer Term

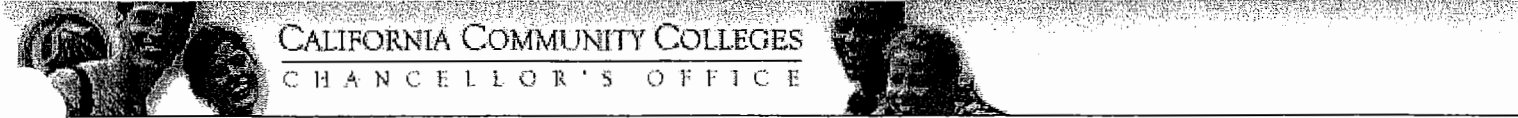
Data Current As Of January 21, 2010 12:46:16

Total Headcount	4,936
-----------------	-------

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Student Demographics

**Student Total Headcount For Fullerton
For 2008 Fall Term**

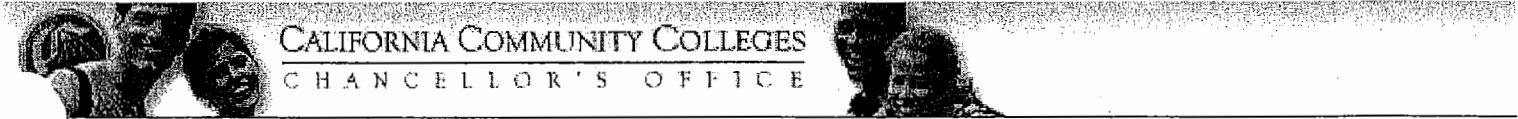
Data Current As Of January 21, 2010 12:46:32

Total Headcount	22,014
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2009 Spring Term**

Data Current As Of January 21, 2010 12:46:44

Total Headcount	21,103
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2009 Summer Term**

Data Current As Of January 21, 2010 12:46:56

Total Headcount	9,499
------------------------	-------

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§ 5
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007 through 2008-2009
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-4 and attachments from district office.

Findings:

Source	Item	06-07	07-08	08-09
1.8-4 line 3	Net Revenue Received	\$ 9,725,281	\$ 9,078,625	\$ 9,072,040
p/E.C. 76300 (c)	2% of Revenue Rec'd.	\$ 194,506	\$ 181,573	\$ 181,441
This data is for comparison with CCCC0 2% calculation directly below.				
1.8-4 line 4A	Enrollment Fees Waived	\$ 5,515,776	\$ 5,117,105	\$ 5,465,658
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 110,316	\$ 102,342	\$ 109,313
06-07 through 08-09 unit fee				
1.8-4 line 5	Fall	112,356	117,501	80,338
	Spring	108,024	116,603	80,844
	Winter/Interssion			
	Summer	20,088	21,753	14,803
	Total # of credits	240,468	255,857	175,985
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)	\$ 218,826	\$ 232,830	\$ 160,146
Summary				
1.8-4 line 4B.	2% of Fees Waived	\$ 110,316	\$ 102,342	\$ 109,313
1.8-4 5	Credit Units Waived	\$ 218,826	\$ 232,830	\$ 160,146
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 329,142	\$ 335,172	\$ 269,459

Conclusion: findings go forward to Schedule 5A.

Sch. 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007 through 2008-2009
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW FORM-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW FORM-1)	2006-07			2007-08			2008-09					
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)												
2	Staff Training	(04)(B)(1)(b)		\$ 388.56			\$ 459.84							
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)												
4	Waiving student fees	(04)(B)(2)(b)		\$ 279,745.12			\$ 911,514.40					\$ 578,134.14		
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)		\$ 3,497.04			\$ 4,138.56							
6	EFCW - Fee Waiver Costs	Total		\$ 283,630.72			\$ 916,112.80					\$ 578,134.14		
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5		\$ 329,142.00			\$ 335,172.00					\$ 269,459.00		
8	Fee Waiver Costs to claim after offsets	L6 - L7		\$ (45,511.28)			\$ 580,940.80					\$ 308,675.14		
	Offset Amount to Claim	To EFCW FORM-1, line 10		\$ 283,630.72			\$ 335,172.00					\$ 269,459.00		

Conclusion: If line 8 is negative, then line 6-"Total EFCW waiver costs" will be carried forward to EFCW FORM-1, line 10. Otherwise, line 7-"Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW FORM-1, line 10.

Schedule 6
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2008-2009
Student Headcount Summary

Purpose: To calculate student headcount.

Source: California Community Colleges Chancellor's Office website.

Findings:

College	Term	Headcount
Cypress	Summer	6,105
	Fall	14,842
	Spring	13,929
Fullerton	Summer	9,879
	Fall	22,014
	Spring	21,103

TOTAL **87,872**

Conclusion: Not used. Used data provided by college on EFCW 1.8-1.

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Tuesday, February 2, 2010



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE



Student Demographics

**Student Total Headcount For Cypress
For 2008 Summer Term**

Data Current As Of February 02, 2010 09:53:39

Total Headcount	6,105
------------------------	--------------

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE



Student Demographics

**Student Total Headcount For Cypress
For 2008 Fall Term**

Data Current As Of February 02, 2010 09:53:45

Total Headcount	14,842
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CALIFORNIA COMMUNITY COLLEGES
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Student Demographics

**Student Total Headcount For Cypress
For 2009 Spring Term**
Data Current As Of February 02, 2010 09:53:56

Total Headcount	13,929
------------------------	--------

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE



Student Demographics

**Student Total Headcount For Fullerton
For 2008 Summer Term**

Data Current As Of February 02, 2010 09:54:06

Total Headcount	9,879
------------------------	-------

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE



Student Demographics

Student Total Headcount For Fullerton For 2008 Fall Term

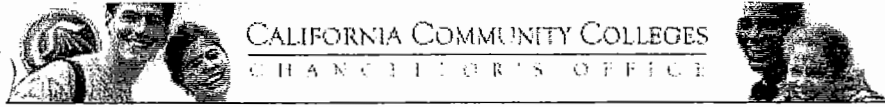
Data Current As Of February 02, 2010 09:54:12

Total Headcount	22,014
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Student Demographics

Student Total Headcount For Fullerton For 2009 Spring Term

Data Current As Of February 02, 2010 09:54:22

Total Headcount	21,103
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Schedule 7
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2008-2009
Financial Aid Headcount and Amount Summary

Purpose: To calculate student headcount.
Source: California Community Colleges Chancellor's Office website.
Findings:

College	Headcount	Financial Aid \$
Cypress	7,201	\$ 2,271,698.00
Fullerton	9,431	\$ 3,193,960.00

TOTAL 16,632 5,465,658

Conclusion: Not used. Used data provided by college on EFCW 1.8-1.



Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2008-2009

Data Current As Of February 02, 2010 09:54:48

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	93	30,348
BOGW - Part B based on income standards	3,566	1,016,680
BOGW - Part C based on financial need	3,542	1,224,670

Total Amount = \$ 2,271,698

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE**Student Financial Aid Awards****Fullerton College
Financial Aid Count and Amount By type
For 2008-2009**

Data Current As Of February 02, 2010 09:55:03

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	98	36,440
BOGW - Part B based on income standards	5,073	1,602,770
BOGW - Part C based on financial need	4,260	1,554,750

Total Amount = \$ 3,193,960

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MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 08-09 and the missing rates for 07-08.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	07-08	08-09
	AVERAGE ACCOUNTING TECH	\$ 43.08	\$ 41.52
	AVERAGE ADMINISTRATIVE ASSISTANT	\$ 45.71	\$ 45.85
	AVERAGE ADMISSIONS TECHNICIAN		\$ 34.21
	AVERAGE BURSAR		
	AVERAGE CLERICAL ASSISTANT	\$ 38.89	\$ 42.67
	AVERAGE COUNSELOR		\$ 72.89
	AVERAGE CUSTODIAN	\$ 37.37	\$ 35.93
	AVERAGE DEAN	\$ 97.31	\$ 86.79
	AVERAGE DIRECTOR	\$ 87.66	\$ 87.30
	AVERAGE EVALUATOR	\$ 41.89	\$ 42.09
	AVERAGE FACILITIES ASSISTANT		
	AVERAGE FINANCIAL AID SPECIALIST		
	AVERAGE FINANCIAL AID TECHNICIAN		\$ 45.18
	AVERAGE GROUNDSKEEPER		
	AVERAGE HOURLY SUPPORT STAFF	\$ 9.77	\$ 10.20

MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 08-09 and the missing rates for 07-08.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	07-08	08-09
	AVERAGE ACCOUNTING TECH	\$ 43.08	\$ 41.52
	AVERAGE ADMINISTRATIVE ASSISTANT	\$ 45.71	\$ 45.85
	AVERAGE ADMISSIONS TECHNICIAN		\$ 34.21
	AVERAGE BURSAR		
	AVERAGE CLERICAL ASSISTANT	\$ 38.89	\$ 42.67
	AVERAGE COUNSELOR		\$ 72.89
	AVERAGE CUSTODIAN	\$ 37.37	\$ 35.93
	AVERAGE DEAN	\$ 97.31	\$ 86.79
	AVERAGE DIRECTOR	\$ 87.66	\$ 87.30
	AVERAGE EVALUATOR	\$ 41.89	\$ 42.09
	AVERAGE FACILITIES ASSISTANT		
	AVERAGE FINANCIAL AID SPECIALIST		
	AVERAGE GROUNDSKEEPER		
	AVERAGE HOURLY SUPPORT STAFF	\$ 9.77	\$ 10.20
	AVERAGE INSTRUCTOR	\$ 86.59	\$ 81.57

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
	AVERAGE MANAGER	\$ 73.81	\$ 72.38
	AVERAGE TECHNICIAN	\$ 42.38	\$ 39.19
ABADZHYAN, SUSANNA	FC-FINANCIAL AID TECHNICIAN	\$ 35.73	\$ 36.48
ACIERNO, MICHAEL	WAREHOUSE COORDINATOR	\$ 47.39	\$ 46.59
ADAKAI, ERICKA	ADMINISTRATIVE ASSISTANT II	\$ 33.15	\$ 35.90
AGUIRRE, MARIA	FINANCIAL AID TECHNICIAN	\$ 39.76	\$ 39.42
ALCARAZ, JOSE	FC-FINANCIAL AID TECHNICIAN	\$ 44.06	\$ 44.64
ALDRETE, GUADALUPE	HOURLY CLERICAL	\$ 13.21	\$ 9.28
ALIBRANDI, LUCINDA	INSTRUCTOR-RETIRED 5/23/08	\$ 92.68	RETIRED
ALLEN-COURTNEY, AKILAH	CC-A&R RECORDS EVALULATOR SPECIALIST	\$ 44.90	\$ 45.79
ALMARAZ, ARTURO	CC-A&R CLERICAL ASSISTANT-40%	\$ 44.56	\$ 38.54
ALTON, MEG	CC-A&R TECHNICIAN	\$ 35.15	\$ 36.25
ASAM, JOHN	HOURLY SUPPORT STAFF	\$ 11.28	\$ 11.49
AURE, R. ALLEN	FC-A&R TECHNICIAN-LEFT DIST 10/26/07	\$ 46.37	LEFT DISTRICT
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE	\$ 69.53	\$ 67.25
BARROW, LINDA	HR SPECIALIST	\$ 57.21	\$ 55.51
BARTLETT, KIM	DIRECTOR, DSPTS	\$ 86.74	\$ 84.12
BASSLER, JENNIFER	FC-A&R HOURLY STAFF SUPPORT	\$ 12.62	

SixTen and Associates

MANUATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
BEARD, CLAUDIA	FC-BURSAR'S OFFICE-ACCOUNT CLERK II	\$ 40.53	\$ 40.72
BECERRIL, SHELLY	HOURLY REGISTRATION	\$ 10.41	\$ 11.19
BEEELER, RON	DIST. DIRECTOR-FACILITIES	\$ 98.12	\$ 115.58
BEERS, SUSAN	DIVISION DEAN-retired 5/31/08	\$ 112.16	RETIRED
BENNETT, BARBARA	INSTRUCTOR	\$ 73.55	\$ 69.30
BETTENDORF, PAM	ADMINISTRATIVE ASSISTANT iii	\$ 50.59	\$ 52.22
BOYD-DAILEY, NANCY	HR SPECIALIST	\$ 50.00	\$ 49.26
BRADSHAW, JOHN (SEE PATAKAS)	A&R TECHNICIAN		
BURCHFIELD, JERRY	INSTRUCTOR-RETIRED 5/22/09	\$ 86.22	\$ 76.92
BUSTOS, RAYMOND	FC-FINANCIAL AID TECHNICIAN	\$ 52.49	\$ 51.71
CALDERON-TENEZA, ROSELLE	CC-FINANCIAL AID TECHNICIAN	\$ 44.77	\$ 43.37
CANT, KAREN	VICE PRESIDENT, ADMINISTRATIVE SERVICES	\$ 99.17	\$ 104.00
CARNES, MATT	CUSTODIAN I	\$ 35.10	\$ 34.57
CARO, BARBARA	FC-A&R TECHNICIAN	\$ 48.69	\$ 48.00
CARRITHERS, JOE	INSTRUCTOR	\$ 85.19	\$ 82.59
CHAMBERS, TERRY	BENEFITS SPEC	\$ 44.06	\$ 43.74
CHANG, LY	EVALUATOR	\$ 40.26	\$ 40.52
COTTON (CLARK), ANTIONESE	ADMINISTRATIVE ASSISTANT II	\$ 39.31	\$ 41.65

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
COBB, KEITH	CC-DIRECTOR FINANCIAL AID	\$ 68.00	\$ 68.34
CORDELL, BRUCE	DEAN, NATURAL SCIENCE	\$ 87.82	\$ 88.86
CORIA, YESSENIA	HOURLY SUPPORT STAFF	\$ 8.97	\$ 9.90
COTTER, SANDRA	EXECUTIVE ASSISTANT III	\$ 62.20	\$ 60.49
CRAIG, DALE	INSTRUCTOR	\$ 89.73	\$ 94.87
CRUZ, CARRIE	FC-CLERICAL ASSISTANT	\$ 36.80	\$ 36.36
CUPINO, JEFF	HOURLY SUPPORT STAFF	\$ 11.12	
DAIN, CLAUDETTE	DIRECTOR, FISCAL AFFAIRS	\$ 94.26	\$ 94.34
DAVIS, CHRISTY A.	A&R SPECIALIST	\$ 40.57	\$ 41.90
DAXON, REGINA (FORMLY HITCHCOCK)	INSTRUCTIONAL ASSISTANT, COMPUTER LAB	\$ 43.59	\$ 43.41
DEAN, BRIAN	CC-A&R TECHNICIAN	\$ 35.61	\$ 37.28
DeMARKEY, NINA	DIVISION DEAN	\$ 85.64	\$ 86.78
DIESENBRUCH, ROSEMARY	ACCOUNTING TECHNICIAN	\$ 42.21	\$ 41.11
DILLON, ANDREW	FC-A&R HOURLY STAFF SUPPORT	\$ 11.10	
DO, DAO	COORDINATOR, OFFICE	\$ 88.35	\$ 47.43
DO, FIELD	EVALUATOR	\$ 54.30	\$ 54.05
DONLEY, STEVEN	DIVISION DEAN	\$ 100.75	\$ 98.67
DONOVAN, LEXI	PROFESSIONAL EXPERT	\$ 63.52	

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
DOOLY, GEORGE	COUNSELOR	\$ 77.06	\$ 72.89
DUNCAN, STEVE	DISTRICT DIRECTOR, HR	\$ 101.03	\$ 98.07
EDWARDS, ARNETTE	CC-FINANCIAL AID TECHNICIAN	\$ 53.08	\$ 50.23
FANGMEYER, DANIEL	CUSTODIAN I	\$ 38.09	\$ 36.53
FELIX, ANA	FC-A&R SPECIALIST	\$ 55.86	\$ 55.26
FILIPPI, GEOVANNI	CC-A&R CLERICAL ASSISTANT I-LEFT DISTRICT	\$ 36.45	
FISHER, SANDRA	HOURLY REGISTRATION	\$ 9.55	
FISHMAN, DARLENE	DIRECTOR NURSING	\$ 79.45	\$ 84.57
FITZGERALD, COLLEEN	FC-A&R HOURLY TECHNICIAN	\$ 13.38	\$ 13.99
FONG, PETER	DEAN, ADMISSIONS/RECORDS-LEFT 6/30/08	\$ 101.55	
FORD, REGINA	CC-A&R REGISTRAR	\$ 73.52	\$ 73.99
FOSTER, PATRICIA	FC-A&R OFFICE COORDINATOR	\$ 65.69	\$ 64.96
FRANKS, JOE	INSTRUCTOR	\$ 83.85	\$ 89.52
FUNAOKA, LISA	FC-A&R TECHNICIAN	\$ 38.09	\$ 39.15
GAMBOA, JORGE	MANAGER, INTERIM	\$ 57.67	\$ 61.70
GISKA, MARY LOU	DIRECTOR HEALTH SERVICES-CC	\$ 73.15	\$ 72.93
GOMBER, BRIAN	CUSTODIAN	\$ 41.47	\$ 38.40
GOMBER, LISA	ADMINISTRATIVE ASSISTANT III	\$ 54.70	\$ 54.27

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MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
GREENHALGH, MARK	DEAN	\$ 90.12	\$ 93.91
GREIN, CYNDI	MANAGER, CAMPUS ACCOUNTING	\$ 61.47	\$ 61.87
GRIMES, KELLY	EOPS PROGRAM COORDINATOR	\$ 66.15	\$ 59.77
GUZMAN, ELIZABETH	FC-A&R TECHNICIAN	\$ 42.99	\$ 43.55
HA, JACKIE	CC-FINANCIAL AID TECHNICIAN	\$ 48.08	\$ 47.67
HANNON, ANDREA	DIV DEAN HEALTH SERVICES-RETIRED 7/1/08	\$ 109.33	
HARTER, RENIE	CC-BURSAR'S OFFICE-MANAGER, CAMPUS ACCTING	\$ 75.44	\$ 71.70
HEBSON, CHRIS	IT SPEC., SYSTEMS ANALYST	\$ 67.70	\$ 65.65
HENRY, DIANE	DIVISION DEAN	\$ 97.48	\$ 94.93
HENRY, KEVIN	REGISTRATION CLERK	\$ 11.29	\$ 13.23
HERNANDEZ, JERI	ADMINISTRATIVE ASSISTANT II	\$ 40.55	\$ 40.21
HERRERA, EDGAR ALEX	INSTRUCTOR	\$ 89.59	\$ 77.75
HOBSON, TORI	HOURLY SUPPORT STAFF	\$ 8.96	\$ 9.35
HORSLEY, JEFF	VICE CHANCELLOR HR	\$ 141.85	\$ 139.50
HUBBARD, VANIETHIA	DEAN, INTERIM	\$ 61.58	\$ 72.97
HUNTER, JEROME	CHANCELLOR-RETIRED 6/30/08	\$ 200.96	RETIRED
JENSEN, BOB	DEAN, FINE ARTS	\$ 96.43	\$ 97.21
JIMENEZ, PETER	HOURLY SUPPORT STAFF	\$ 9.02	\$ 9.70

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MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
JONES, LaQUITA	CLERICAL ASSISTANT I	\$ 32.05	\$ 33.44
KANAAN, JIHAD (JAY)	CC-BURSAR'S OFFICE-ACCOUNT TECHNICIAN	\$ 46.76	\$ 46.63
KASLER, MIKE	PRESIDENT-CC	\$ 126.67	\$ 129.35
LARSEN, DENISE	PROGRAM ASSISTANT/DSPS	\$ 68.43	\$ 68.45
LARSON, NANCY	FC-FINANCIAL AID OFFICE COORDINATOR	\$ 57.48	\$ 58.45
LEDEZMA, ELIZABETH	ADMISSIONS TECHNICIAN	\$ 32.15	\$ 34.21
LEE, PAT	DIST MGR PAYROLL	\$ 77.35	\$ 74.92
LEOPOLD, MAUREEN	CC-BURSAR'S OFFICE ACCOUNTING SPECIALIST	\$ 53.59	\$ 55.41
LOUIE-JEU, KIM	EVALUATOR	\$ 42.25	\$ 41.48
LUCERO, CHERYL	FINANCIAL AID TECHNICIAN	\$ 38.30	\$ 42.92
LUSCH, ROD	SKILLED MAINTAINANCE MECH	\$ 55.31	\$ 54.88
LUVIANO, ELIZABETH	FC-A&R HOURLY OFFICE CLERK	\$ 10.86	\$ 11.36
MAERTENS, TINA	CC-A&R-CLERICAL ASSISTANT I	\$ 36.04	\$ 37.91
MAHONEY, LESLIE	ACCOUNT CLERK II	\$ 40.72	\$ 40.32
MAJDALI, UMAIYLAH	HOURLY ACCOUNTING TECHNICIAN	\$ 34.90	\$ 55.58
MARTINEZ, DELORES	A&R TECHNICIAN	\$ 39.66	\$ 39.60
MARTINEZ, MONICA	FC-A&R HOURLY TRANSCRIPT CLERK	\$ 11.12	
MATTSON, CAROL	DEAN	\$ 86.61	\$ 87.55

SixTen and Associates

MANUATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
McALPIN, KENNETH	MGR/ MAINTENANCE & OPSLEFT DISTRICT 12/4/07	\$ 77.80	LEFT DISTRICT
McCLOUD, EDWARD	INSTRUCTOR	\$ 98.18	\$ 95.74
McGUIRE, GARY	PROVOST-RETIRED 7/1/08	\$ 153.85	RETIRED
MEINERT, SARAH	CC-BURSAR'S OFFICE-HOURLY	\$ 16.00	\$ 16.12
MELELLA, LAURA	INSTRUCTOR	\$ 93.75	\$ 91.68
MILLER, JOHN	FC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAN	\$ 40.81	\$ 40.52
MIRANDA, ALBERT	DIRECTOR, PHYSICAL PLANT/ FACILITIES	\$ 96.07	\$ 94.56
MIRANDA, BOB	STUDENT SUPPORT SERVICES	\$ 83.50	\$ 81.10
MIRANDA, MIGUEL	FACILITIES COORDINATOR	\$ 38.26	\$ 39.37
MIRANDA, SANDRA	EVALUATOR	\$ 34.95	\$ 38.43
MONTANA, ERICA	STUDENT SUPPORT-HOURLY	\$ 8.54	
MONTANO, DIANE	MANAGER, CHILD CARECENTER	\$ 58.18	\$ 64.72
MONTENEGRO, CHRISTY (SEE DAVIS)	CC-A&R TECHNICIAN		
MOORE, MIKE	INSTRUCTOR	\$ 87.99	\$ 81.73
MORALES, LISA	CC-BURSAR'S OFFICE-ACCOUNTING TECHNICIAN	\$ 45.67	\$ 45.29
MORGAN, ROBERT	CUSTODIAN II	\$ 34.83	\$ 34.23
MOSLEY, AMELIA	CC-A&R CLERICAL ASSISTANT I	\$ 37.76	\$ 37.20
NEGRETE, RENA	FC-A&R SPECIALIST	\$ 44.67	\$ 44.14

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
NELSON, BRITTANY	HOURLY REGISTRATION	\$ 9.86	\$ 11.42
NELSON, JANICE	BUSINESS OFFICE SPECIALIST	\$ 53.28	\$ 50.78
NGUYEN, DUSTIN TUAN	CC-A&R SPECIALIST	\$ 47.68	\$ 46.30
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHN	\$ 87.96	\$ 85.71
NOVISOFF, ANNA	ADMIN ASSISTANT III	\$ 54.99	\$ 54.07
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	\$ 98.27	\$ 96.53
OLIVAS, PRISCILLA	HOURLY SUPPORT STAFF	\$ 8.73	
OROPEZA, ELAINE	FC-FINANCIAL AID TECHNICIAN	\$ 45.68	\$ 45.40
OROPEZA, LOURDES	FINANCIAL AID TECHNICIAN	\$ 50.07	\$ 49.45
PADILLA, JAYME	EVALUATOR	\$ 34.06	\$ 35.96
PALMER, SANDRA	EXEC ASSISTANT III	\$ 54.78	\$ 53.71
PARISI, TOM	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 98.47	\$ 37.21
PATAKAS, JOHN (BRADSHAW)	FC-A&R TECHNICIAN	\$ 34.10	\$ 35.61
PEREZ, GUY	FACILITIES ASSISTANT	\$ 34.53	\$ 34.35
PEREZ, JENNIFER	PUBLIC INFO OFFICER	\$ 70.20	\$ 70.61
PHILLIPS, JIM	INSTRUCTOR-RETIRED 5/23/08	\$ 84.85	
PIERCE, RITA	PROGRAM ASSISTANT	\$ 63.71	\$ 63.78
PORTOLAN, JANET	VP, EDUCATION SUPPORT & PLANNING	\$ 105.46	\$ 102.30

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
POSNER, MARC	PUBLIC INFORMATION OFFICER	\$ 74.02	\$ 72.20
PURTELL, VALENTINA	DEAN, SCC INSTRUCTION	\$ 73.04	\$ 75.74
QUAN, LINH	FC-BURSAR'S OFFICE-ACCOUNTING SPECIALIST	\$ 45.98	\$ 46.09
RAMOS, AMANDA	CLERICAL ASSISTANT I	\$ 36.36	\$ 34.99
REHA, DELORES	INSTRUCTOR	\$ 83.02	\$ 80.63
REID, DENISE	A&R TECHNICIAN	\$ 32.47	\$ 34.04
REZA, ALAN	CC-FINANCIAL AID TECHNICIAN	\$ 58.03	\$ 55.90
RODGERS, CAROLANNE	INSTRUCTOR	\$ 91.25	\$ 95.44
RODRIGUEZ, DAISY	CC-BURSAR'S OFFICE-ACCOUNTING TECHNICIANLEFT DIST 11/27/07	\$ 38.45	LEFT DISTRICT
SAGHAEI, AZAR	HOURLY SUPPORT STAFF	\$ 8.93	\$ 9.30
SALCEDO, DANIEL	ADMINISTRATIVE ASSISTANT I	\$ 36.86	\$ 37.87
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT III	\$ 64.23	\$ 62.44
SANDOVAL, REBECA	CC-FINANCIAL AID TECHNICIAN	\$ 50.23	\$ 47.01
SAUCEDO, ESTHER	HR SPECIALIST	\$ 52.57	\$ 51.26
SCHULZ, GREG	DEAN, SCE INSTRUCTOR/STUDENT SERVICES	\$ 86.40	\$ 86.86
SCHWIEBERT, LAURIE	FC-ADMINISTRATIVE ASSISTANT I	\$ 40.69	\$ 40.44
SEFRIED, DAN	GROUNDKEEPER	\$ 33.56	\$ 34.80
SHRACK, AMY	ADMINISTRATIVE ASSISTANT I	\$ 37.04	\$ 39.47

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

Name	Title	07-08	08-09
SIMPSON, BOB	EXECUTIVE VP	\$ 103.02	\$ 104.43
SMEAD, RICHARD	INSTRUCTOR	\$ 81.00	\$ 73.65
SMITH, FRANK	DIRECTOR ACAD. COMP TECHN	\$ 84.01	\$ 103.65
SMITH, SHIRLEY	DIRECTOR, CAMPUS PUBLIC SAFETY	\$ 58.44	\$ 58.84
SPARGO, DEBORAH	ACCOUNTING TECHNICIAN	\$ 42.32	\$ 41.92
SPECHT, JULIE	HOURLY SUPPORT STAFF	\$ 10.74	
SPENCER, NORA	INSTRUCTOR	\$ 69.96	\$ 68.99
ST JOHN, PAUL	INSTRUCTOR	\$ 84.11	\$ 79.29
TAYLOR, CHRIS	IT SPEC SYS APPLICATION	\$ 62.98	\$ 63.57
TERRY, CHRISTINE	PROVOST-SCC	\$ 95.65	\$ 103.79
TESAR, DAN	DIVISION DEAN	\$ 98.58	\$ 96.02
THOMPSON, JEANNE	STUDENT SERVICES TECHNICIAN	\$ 36.62	\$ 43.30
TORRES-GUTIERREZ, MARTHA	MANAGER	\$ 77.60	\$ 78.24
TRAN, KIMBERLY	CC-FINANCIAL AID TECHNICIAN	\$ 42.77	\$ 42.63
TRAN, LUU	A&R TECHNICIAN-LEFT DIST 3/21/08	\$ 38.71	
TRUONG, PHUC (JASON)	A&R TECHNICIAN-LEFT DIST 3/21/08	\$ 29.51	
TUSHLA, NICOL	FC-A&R EVALUATOR	\$ 45.52	\$ 44.86
VILLEGAS, FATIMA	FINANCIAL AID TECHNICIAN	\$ 33.55	\$ 35.72

CCD	Method	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
AHC	FAM-29C	37.59	37.07	35.76	36.14	32.00	3	31.81	32.71	30.33			
	w/deprec.								33.14	36.9	37.94		
CerrC	FAM-29C	39.3	40.33	32.78	31.58	29.26	28.16	34.11	30.68	29.17			
	w/deprec.								30.81	34.58	30.59		
Citrus	FAM-29C	51.75	44.86	44.7	45.74	41.72	45.53	40.58	40.6	41.95			
	w/deprec.								48.98	52.46	47.53		
Contra	FED rate	34.00	34.00	34.00	34.00	32.80	32.80	32.80	32.8	32.5	32.5	32.5	32.5
EICam	FAM-29C	39.18	41.4	37.55	36.24	30.38	29.10	35.22	35.02	32.00			
	w/deprec.								34.99	35.65	34.06		
Foot	FAM-29C	28.67	30.09	31.67	35.5	32.28	31.11	29.66	28.9	29.69			
	w/deprec.								33.96	39.45	42.36		
Gavilan	FAM-29C	35.68	34.23	36.55	35.86	32.88	36.29	33.96	36.92	36.45			
	w/deprec.								39.74	39.55	37.6		
Kern	FAM-29C	66.87	55.25	51.24	49.63	48.94	39.43	42.89	39.91	37.49			
	w/deprec.								41.26	45.86	43.44		
LRios	FED rate								30.00	30.00			
	FAM-29C	33.73	33.68	34.00	32.79	31.09	30.88	31.96	32.61				
	w/deprec (per client)								36.95	37.7	36.16	37.02	
LongB	FAM-29C		36.8	37.27	38.71	35.01	33.40	32.33	33.86	32.7			
	w/deprec.								36.33	35.37	34.47		
NOrg	FED rate	38.00	38.00	38.00	38.00	39.00	39.00	39.00	39.00	29.50	29.50	29.50	29.50
	FAM-29C w/deprec.										37.04		
PASA	FED rate	30.00	30.00	30.00	30.00	30.00	30.00	32.80	32.80	32.80	31.70	31.70	31.70
Rancho	FED rate							30.00	30.00	30.00	30.00	30.00	30.00
													Provisional
Rwoods	FAM-29C	42.74	39.44	41.42	41.43	38.92	38.64	37.90	37.45	39.6			
	w/deprec.								48.2	42.59	43.16		
SanJac	FAM-29C	47.02	50.15	42.92	42.47	40.14	38.81	36.94	34.02	38.69			
	w/deprec.								41.49	39.4	37.02		
SBC	FAM-29C	51.36	45.57	51.88	46.95	49.18	44.42	45.62	47.74	45.3			
	w/deprec.								50.11	53.93	56.53		
SMateo	FED rate		30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00		
Sierra	FAM-29C	45.92	42.04	41.34	36.18	36.79	38.41	40.90	35.70	38.49			
	w/deprec.								42.58	37.83	35.72		
StateC	FED rate							36.50	36.50	36.50	36.50	36.50	
	FAM-29C	38.96	38.26	34.59	36.70	34.62	31.33	32.25					Provisional
VVC	FAM-29C	57.9	58.96	58.45	61.28	55.20	53.91	45.61	46.57	41.33			
	w/deprec.								48.58	59.52	49.0		
WVM	FAM-29C	40.47	44.02	42.99	44.15	33.37	34.89	35.80	37.57	38.86			
	w/deprec.								41.1	41.22			
WestK	FAM-29C	33.92	37.65	37.64	39.73	37.46	31.79	38.32	34.32	34.87			
	w/deprec.								37.79	37.98	34.46		
YCCD	FAM-29C	33.05	32.67	30.93	30.98	26.87	26.35	34.88	36.38	32.23			
	w/deprec.								36.3	41.07	39.01		

Sixteen and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5202 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixteenandassociates.com

Sacramento
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbpsixten@aol.com

CLAIM FILE COPY

February 11, 2011

CERTIFIED MAIL #7001 0360 0000 5999 8362

Jay Lal, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Re: Annual Reimbursement Claim
North Orange County Community College District CC30105

Enclosed please find the original claim and an extra copy of the FAM-27 for North Orange County Community College District's reimbursement claim listed below:

Program 267 Enrollment Fee Collection and Waivers 2009-10

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,

Sergio M. Perez
for Sergio M. Perez

CLAIM FILE COPY

State Controller's Office

C unity College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS		For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___		Program 267
(01) Claimant Identification Number: CC30105		Reimbursement Claim Data		
(02) Claimant Name North Orange County Community College District		(22) FORM-1, (04)(A)(1)(a)(f)		
Address Orange County		(23) FORM-1, (04)(A)(1)(b)(f)		
1830 West Romneya Drive		(24) FORM-1, (04)(A)(2)(a)(f) 830,259		
Anaheim CA 92801-1819		(25) FORM-1, (04)(B)(1)(a)(f)		
		Type of Claim		
(03) (09) Reimbursement <input checked="" type="checkbox"/>		(26) FORM-1, (04)(B)(1)(b)(f)		
(04) (10) Combined <input type="checkbox"/>		(27) FORM-1, (04)(B)(2)(a)(f)		
(05) (11) Amended <input type="checkbox"/>		(28) FORM-1, (04)(B)(2)(b)(f) 211,032		
(06) (12) 2009-2010		(29) FORM-1, (04)(B)(2)(c)(f)		
Fiscal Year of cost		(30) FORM-1, (05) 1,041,291		
(07) (13) \$ 1,129,335		(31) FORM-1, (06) 39		
Less : 10% Late Penalty (refer to claiming instructions)		(14) (32) FORM-1, (08) \$ - 1,448,228		
Less : Prior Claim Payment Received		(15) (33) FORM-1, (09) \$ - 107,861		
Net Claimed Amount		(16) (34) FORM-1, (10) \$ 1,129,335 211,032		
(08) (17) \$ 1,129,335		(35)		
Due from State		(18) (36)		
Due to State				
(37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, claimed costs are for a new program or increased level of services of an existing program; and claimed amounts do not include charter school costs, either directly or through a third party. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer (USE BLUE INK) _____ Claudette Dain, District Director, Fiscal Affairs				
		Date Signed 2/9/11 Telephone Number (714) 808-4751 E-mail Address cdain@nocccd.edu		
Type or Print Name and Title of Authorized Signatory _____ (38) Name of Agency Contact Person for Claim Claudette Dain, District Director, Fiscal Affairs				
		Telephone Number (714) 808-4751 E-mail Address cdain@nocccd.edu		
Name of Consulting Firm/Claim Preparer _____ SixTen and Associates				
		Telephone Number (858) 514-8605 E-mail Address kbpsixten@aol.com		

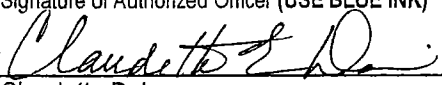
CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 ENROLLMENT FEE COLLECTION AND WAIVERS		For State Controller Use Only (19) Program Number 00267 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___		Program 267
(01) Claimant Identification Number: CC30105		Reimbursement Claim Data		
(02) Claimant Name	North Orange County Community College District	(22) FORM-1, (04)(A)(1)(a)(f)		
Address	Orange County	(23) FORM-1, (04)(A)(1)(b)(f)		
	1830 West Romneya Drive	(24) FORM-1, (04)(A)(2)(a)(f)	830,259	
	Anaheim CA 92801-1819	(25) FORM-1, (04)(B)(1)(a)(f)		
	Type of Claim	(26) FORM-1, (04)(B)(1)(b)(f)		
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (04)(B)(2)(a)(f)		
(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (04)(B)(2)(b)(f)	211,032	
(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (04)(B)(2)(c)(f)		
Fiscal Year of cost	(06) 2009-2010	(30) FORM-1, (05)	1,041,291	
Total Claimed Amount	(07) \$ 1,129,335	(31) FORM-1, (06)	39	
Less : 10% Late Penalty (refer to claiming instructions)	(14) \$ -	(32) FORM-1, (08)	1,448,228	
Less : Prior Claim Payment Received	(15) \$ -	(33) FORM-1, (09)	107,861	
Net Claimed Amount	(16) \$ 1,129,335	(34) FORM-1, (10)	211,032	
Due from State	(08) (17) \$ 1,129,335	(35)		
Due to State	(18)	(36)		
(37) CERTIFICATION OF CLAIM				
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.				
I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, claimed costs are for a new program or increased level of services of an existing program; and claimed amounts do not include charter school costs, either directly or through a third party. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer (USE BLUE INK)				
 Claudette Dain, District Director, Fiscal Affairs		Date Signed <u>2/9/11</u> Telephone Number <u>(714) 808-4751</u> E-mail Address <u>cdain@nocccd.edu</u>		
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim				
Claudette Dain, District Director, Fiscal Affairs		Telephone Number <u>(714) 808-4751</u> E-mail Address <u>cdain@nocccd.edu</u>		
Name of Consulting Firm/Claim Preparer				
SixTen and Associates		Telephone Number <u>(858) 514-8605</u> E-mail Address <u>kbpsixten@aol.com</u>		

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FORM FAM 29-C
(01) Claimant North Orange Community College District			(02) Period of Claim 2008-2009		
Activity	EDP	Salaries and Benefits per CCFS-311	Operating Expenses per CCFS-311	Indirect-Salaries Benefits, and Operating Expenses	Direct-Salaries and Benefits only
Instructional Activities	599	\$ 83,044,660	\$ 2,339,546		\$ 83,044,660
Instruct. Admin. & Instruct. Governance	6000	14,663,367	496,782		14,663,367
Instructional Support Services	6100	9,905,474	1,590,149		9,905,474
Admissions and Records	6200	3,069,324	253,699		3,069,324
Student Counseling and Guidance	6300	9,068,214	259,025		9,068,214
Other Student Services	6400	9,044,010	1,177,843		9,044,010
Operation and Maintenance of Plant	6500	10,541,997	6,332,692	16,874,689	
Planning, Policy Making, and Coordination	6600	3,796,235	2,273,063	6,069,298	
General Institutional Support Services	6700				
Community Relations	6710	710,147	466,139	1,176,286	
Fiscal Operations	6720	3,049,393	250,658	3,300,051	
Human Resources Management	6730	1,179,777	167,267	1,347,044	
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	2,609,514	-	2,609,514	
Staff Development	6750	133,344	103,759	237,103	
Staff Diversity	6760	82,454	25,427	107,881	
Logistical Services	6770	3,038,887	356,103	3,394,990	
Management Information Systems	6780	3,041,662	669,762	3,711,424	
General	6790	1,259,828	125,727	1,385,555	
Community Services and Economic Development	6800	2,249,344	1,202,023		2,249,344
Ancillary Services	6900	1,737,224	239,741		1,737,224
Auxilliary Operations	7000	169,453	235,160		169,453
Depreciation - Building				10,497,771	
Depreciation - Equipment				1,248,804	
Totals		\$ 162,394,308	\$ 18,564,565	\$ 51,960,410	\$ 132,951,070
				(A)	(B)
Indirect Cost Rate (A)/(B)				39.08%	

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY					FORM 1
(01) Claimant: North Orange County Community College District			(02)		Fiscal Year 2009-2010	
(03) Leave Blank						
Direct Costs		Object Accounts				
(04) Reimbursable Activities	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contracted Services	(d) Fixed Assets	(e) Travel and Training	(f) Total
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a. Preparing district policies & procedures for § IV.A.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a. Calculating and collecting enrollment fees	\$ 830,259.03	\$ -	\$ -	\$ -	\$ -	\$ 830,259.03
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a. Preparing district policies & procedures for § IV.B.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Staff training (One time per employee)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a. Adopting procedures, recording, and maintaining records	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Waiving student fees	\$ 211,031.99	\$ -	\$ -	\$ -	\$ -	\$ 211,031.99
c. Reporting BOG fee waiver data to CCC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(05) Total Direct Costs	\$ 1,041,291.02	\$ -	\$ -	\$ -	\$ -	\$ 1,041,291.02
Indirect Costs						
(06) Indirect Cost Rate	[Refer to claiming instructions]					39.08%
(07) Total Indirect Costs	[Refer to claiming instructions]					\$ 406,936.53
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]					\$ 1,448,227.55
Cost Reduction						
(09) Less: Enrollment Fee Revenue offset						\$ 107,861.00
(10) Less: Enrollment Fee Waiver offsets						\$ 211,031.99
(11) Total Claimed Amount	[Line (08) - {Line (09) + Line (10)}]					\$ 1,129,334.56

Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2009-2010
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
---	---

(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Answering student's questions regarding enrollment fee collection Enrollment Office Staff Collecting Fees	\$37.45	7,580.8	\$ 283,900.96				
Calculating total enrollment fee to be collected Enrollment Office Staff Collecting Fees	\$37.45	4,084.9	\$ 152,979.51				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Enrollment Office Staff Collecting Fees	\$37.45	125.3	\$ 4,692.49				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Enrollment Office Staff Collecting Fees	\$37.45	603.2	\$ 22,589.84				
Referencing student accounts and records Enrollment Office Staff Collecting Fees	\$37.45	6,671.1	\$ 249,832.70				
Updating written and computer records for enrollment fee information Enrollment Office Staff Collecting Fees	\$37.45	3,104.5	\$ 116,263.53				

(5) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 830,259.03	\$ -	\$ -	\$ -	\$ -
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Program 267	MANDATED COSTS ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2009-2010
---	-------------------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
--	--

(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Financial Aid Staff Waiving Fees	\$35.61	1,242.0	\$ 44,227.62				
Entering approved application information into district records; providing student award letter Financial Aid Staff Waiving Fees	\$35.61	1,525.9	\$ 54,337.30				
Evaluating waiver applications and verifying application documents Financial Aid Staff Waiving Fees	\$35.61	1,277.5	\$ 45,491.78				
Receiving waiver applications Financial Aid Staff Waiving Fees	\$35.61	1,880.8	\$ 66,975.29				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 211,031.99	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT COLLECTIONS/WAIVERS

2009-2010

Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
09-10	6,671.10	Enrollment Office Staf	Collecting Fees	\$37.45	\$249,832.70	Referencing student accounts and records	Calculating and collecting enrollment f
09-10	4,084.90	Enrollment Office Staf	Collecting Fees	\$37.45	\$152,979.51	Calculating total enrollment fee to be collected	Calculating and collecting enrollment f
09-10	7,580.80	Enrollment Office Staf	Collecting Fees	\$37.45	\$283,900.96	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment f
09-10	3,104.50	Enrollment Office Staf	Collecting Fees	\$37.45	\$116,263.53	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment f
09-10	125.30	Enrollment Office Staf	Collecting Fees	\$37.45	\$4,692.49	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment f
09-10	603.20	Enrollment Office Staf	Collecting Fees	\$37.45	\$22,589.84	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment f
	22,169.80	Enrollment Office Staff Total			\$830,259.03		
09-10	1,242.00	Financial Aid Staff	Waiving Fees	\$35.61	\$44,227.62	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
09-10	1,880.80	Financial Aid Staff	Waiving Fees	\$35.61	\$66,975.29	Receiving waiver applications	Waiving student fees
09-10	1,277.50	Financial Aid Staff	Waiving Fees	\$35.61	\$45,491.78	Evaluating waiver applications and verifying application documents	Waiving student fees
09-10	1,525.90	Financial Aid Staff	Waiving Fees	\$35.61	\$54,337.30	Entering approved application information into district records; providing student award letter	Waiving student fees
	5,926.20	Financial Aid Staff Total			\$211,031.99		
	28,096.00	Grand Total			\$1,041,291.02		

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2009-2010
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 4.
 Findings:

*EFC 1	90,970
Avg. time p/account	4.4
Total Time (in minutes)	<u>400268</u>
Per Hour	60
Hours Worked (** Activity 11)	<u>6,671.1</u>
*EFC 2	49,019
Avg. time p/student	5.0
Total Time (in minutes)	<u>245095</u>
Per Hour	60
Hours Worked (** Activity 12)	<u>4,084.9</u>
*EFC 1	90,970
Avg. time p/question	5.0
Total Time (in minutes)	<u>454850</u>
Per Hour	60
Hours Worked (** Activity 13)	<u>7,580.8</u>
*EFC 2	49,019
Avg. time p/file	3.8
Total Time (in minutes)	<u>186272.2</u>
Per Hour	60
Hours Worked (** Activity 14)	<u>3,104.5</u>
*EFC 4	964
Avg. time p/account	7.8
Total Time (in minutes)	<u>7519.2</u>
Per Hour	60
Hours Worked (** Activity 15)	<u>125.3</u>
*EFC 5	7701
Avg. time p/student	4.7
Total Time (in minutes)	<u>36194.7</u>
Per Hour	60
Hours Worked (** Activity 16)	<u>603.2</u>

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Conclusion: Findings will go forward to the EFCW FORM-2.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2009-2010
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.
 Source: Schedules 3 and 4.
 Findings:

*EFW 6	21,292
Avg. time p/question	3.5
Total Time (in minutes)	<u>74522</u>
Per Hour	60
Hours Worked (** Activity 21)	<u>1,242.0</u>
*EFW 6	21,292
Avg. time p/application	5.3
Total Time (in minutes)	<u>112847.6</u>
Per Hour	60
Hours Worked (** Activity 22)	<u>1,880.8</u>
*EFW 6	21,292
Avg. time p/evaluation	3.6
Total Time (in minutes)	<u>76651.2</u>
Per Hour	60
Hours Worked (** Activity 23)	<u>1,277.5</u>
*EFW 8	
Avg. time p/application	3.6
Total Time (in minutes)	<u>0</u>
Per Hour	60
Hours Worked (** Activity 24)	<u>0.0</u>
*EFW 7	21,292
Avg. time p/application	4.3
Total Time (in minutes)	<u>91555.6</u>
Per Hour	60
Hours Worked (** Activity 25)	<u>1,525.9</u>
*EFW 8	
Avg. time p/application	5.2
Total Time (in minutes)	<u>0</u>
Per Hour	60
Hours Worked (** Activity 26)	<u>0.0</u>

*EFW Workload Multiplier (Default)

EFW 6 - Total number of enrollment fee waivers requested
 EFW 7 - Total number of enrollment fee waivers granted
 EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filling the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Conclusion: Findings will go forward to the EFCW FORM-2.

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2009-2010
 Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2 and Schedule 2A.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	2	4	5
		**Activity Codes					
		11	12	13	14	15	16
Abadzhyan, Susanna	FA Technician	3		3			
Adakai, Ericka	Administrative Assistant II	3		4			
Aguirre, Griselda	Desk Clerk	5	2	5	5	7	5
Aguirre, Maria G.	FA Technician	3		3			
Alcaraz, Jose C.	FA Technician	3		3			
Almaraz, Arturo	A&R Clerical Assistant	10	7	10	5		
Alton, Meg	A & R Technician	1	1	2	1		
Atkins, Blanca	A & R Technician	4	3	5	3		
Beard, Claudia	Account Clerk II	10		15		20	10
Becerril, Shelley	Cashier/Registration Clerk	2	2	2	2	3	4
Bustos, Raymond	FA Technician	3		4			
Chang, Ly	Evaluator Specialist	12.5	12.5	12.5	12.5		
Courtney, Marlene	Evaluator Specialist	5	5	5	5		
Cruz, Carrie	Clerical Assistant	4		4			
Davis, Christy	A&R Specialist	13.5	5	13.5	5		
Dean, Brian	A & R Technician	5	5	5	5		
Do, Field	Evaluator	1		2			
Ebright, Jami	Account Clerk II	6	8	2	1	10	5
Felix, Ana	A & R Specialist	5	5	4	3	3	4
Ford, Regina	Registrar	3	5	5	3		
Funaoka, Lisa	A&R Technician	3	3	2	3	3	2
Galvez, Everardo	Clerical Assistant-Sub	3		3			
Garcia, Adrian	A&R Technician	2	2	1	2	3	2
Garcia, Ana Rosa	FA Technician			3			2
Grein, Cindi	Manager Campus Accounting	3		2		10	5
Guzman, Elizabeth	A&R Specialist	2	2	3	3	2	2
Ha, Jackie	Financial Aid Technician/Specialist	12	15	15	10	1	12
Harter, Renie	Manager, Campus Accounting	2	3	5	2	5	5
Henry, Kevin	Registration Clerk	3	2	4	2	4	3
Hernandez, Jeri	Administrative Assistant II	6	6	10	5		
Kanaan, Jay	Accounting Technician	5	10	1	6	35	5
Ledezma, Elizabeth	Technician	2	3	3	2	3	4
Leopold, Maureen	Accounting Specialist	5	7	4	6	10	10
Louie-Jeu, Kim	Evaluator	1		3			
Mahoney, Leslie	Account Clerk	1		1		3	2
Martinez, Delores	Technician	3	2	3	3	3	2
Meinert, Sarah	Registration Clerk	7	8	10	7	8	7
Miller, John	Accounting Technician	6	8	2	1	10	5
Miranda, Sandra	Evaluator	2	2	4	2		
Morales, Lisa	Accounting Technician	8	6	9	6	25	12
Morris, Charmaine	Student Hourly	2	2	2	1		2
Murillo, Vanessa	Accounting Technician	4	5	7	5	17	8
Nguyen, Dustin (Tuan)	Specialist	4	4	4	4		
Oropeza, Elaine	Financial Aid Technician	2		2			
Padilla, Jayme	Evaluator	3	3	3	2	3	5

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2009-2010
Time Study

Staff	Title	*EFC Workload Multiplier					
		1	2	1	2	4	5
		**Activity Codes					
		11	12	13	14	15	16
Perez, Denise	Student Hourly			5			
Plescher, Sarah	Student Hourly	4	3	2	3	2	3
Quan, Linh	Accounting Specialist	1		1			4
Quilizapa, Claudia	Admission Technician	3	5	1	2	3	2
Redd, Linda	Evaluator	5	15	20	10		
Reid, Denise	Technician	2	2	2	2		2
Ryan, Greg	Director, Financial Aid & Veterans Svcs.	3		3			
Shah, Mihir	Counter Staff	2	2	3	1	1	3
Schwiebert, Laurie	Administrative Assistant I	2		2			
Thompson, Jeanne	Student Services Technician			10			
Tom, Stephen	A&R Technician	3	3	3	3		
Tran, Kimberly	Financial Aid Techniciain	3	5	5	2		
Tushla, Nicol	Evaluator	20		20			
Villegas, Fatima	Technician	3		3			
Average		4.4	5.0	5.0	3.8	7.8	4.7

*EFC Workload Multiplier (Client Provided) except Code 12 used default EFC 2.

Used client provided multipliers from 05-06.

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

****Activity Codes**

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Conclusion: Findings go forward to Schedule 1A.

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2009-2010
 Average PHR

Purpose: To calculate the average PHR for Admissions and Records staff.

Source: North Orange County CCD PHR list.

Findings:

Staff	Title	09-10
Abadzhyan, Susanna	FA Technician	37.63
Adakai, Ericka	Administrative Assistant II	36.30
Aguirre, Griselda	Desk Clerk	8.29
Aguirre, Maria G.	FA Technician	40.79
Alcaraz, Jose C.	FA Technician	41.15
Almaraz, Arturo	A&R Clerical Assistant	38.25
Alton, Meg	A & R Technician	37.23
Atkins, Blanca	A & R Technician	33.40
Beard, Claudia	Account Clerk II	41.94
Becerril, Shelley	Cashier/Registration Clerk	10.84
Bustos, Raymond	FA Technician	47.87
Chang, Ly	Evaluator Specialist	39.12
Courtney, Marlene	Evaluator Specialist	40.74
Cruz, Carrie	Clerical Assistant	35.41
Davis, Christy	A&R Specialist	41.11
Dean, Brian	A & R Technician	36.90
Do, Field	Evaluator	43.53
Ebright, Jami	Account Clerk II	34.91
Felix, Ana	A & R Specialist	54.00
Ford, Regina	Registrar	77.53
Funaoka, Lisa	Admissions and Records Technician	37.92
Galvez, Everardo	Clerical Assistant-Sub	17.55
Garcia, Adrian	Hourly Clerical/Secretarial	8.12
Garcia, Ana Rosa	Financial Aid Technician	29.76
Grein, Cyndi	Manager Campus Accounting	64.79
Guzman, Elizabeth A.	Technician	40.35
Ha, Jackie	Financial Aid Technician/Specialist	48.05
Harter, Renie	Manager, Campus Accounting	72.15
Henry, Kevin	Registration Clerk	13.39
Hernandez, Jeri	Administrative Assistant II	39.31
Kanaan, Jay	Accounting Technician	45.43
Ledezma, Elizabeth	Technician	34.51
Leopold, Maureen	Accounting Specialist	54.97
Louie-Jeu, Kim	Evaluator	40.92
Mahoney, Leslie	Account Clerk	38.62
Majdali, Emily	Hourly Accounting Technician	55.58
Martinez, Delores	Technician	38.96
Meinert, Sarah	Registration Clerk	16.09
Miller, John	Accounting Technician	40.30
Morales, Lisa	Accounting Technician	44.08
Morris, Charmaine	Hourly Clerical/Secretarial	8.24
Murillo, Vanessa	Accounting Technician	36.35
Nguyen, Dustin (Tuan)	Specialist	45.11
Oropeza, Elaine	Financial Aid Technician	43.65

A

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2009-2010
 Average PHR

Staff	Title	09-10
Padilla, Jayme	Evaluator	36.73
Perez, Denise	Hourly Clerical/Secretarial	9.29
Plescher, Sarah	Hourly Clerical/Secretarial	8.12
Quan, Linh	Accounting Specialist	44.91
Quillizapa-Torres, Claudia	Admissions and Records Technician	32.75
Redd, Linda	Evaluator	39.24
Reid, Denise	Technician	34.59
Ryan, Greg	Director, Financial Aid & Veterans Scvs.	65.43
Shah, Mihir	Hourly Clerical/Secretarial	8.12
Schwiebert, Laurie	Administrative Assistant I	38.34
Thompson, Jeanne	Student Services Technician	39.82
Tom, Stephen	A&R Technician	37.17
Tran, Kimberly	Financial Aid Techniciain	43.69
Tushla, Nicol	Evaluator	44.92
Villegas, Fatima	Technician	35.16
Average		37.45

A: Used average PHR.

Conclusion: Findings go forward to EFCW FORM-2.

How long did it take you to fill out this form? 145 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

FC Financial aid
Department/Location

Susanna Abadzhyan
Employee Name (Print)

Financial aid Tech
Exact Position Title

714) 992-7091 2mo 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Susanna Abadzhyan

Date 6/17/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Admissions & Records / FC Department/Location
Enicka Adakai Employee Name (Print) Administrative Assistant II Exact Position Title
714.732.5733 Telephone # 2mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.						
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>4</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.						
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 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 Enicka Adakai Date 7/8/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCO

Department/Location Fullerton College Admissions & Records

Employee Name (Print) Eriselda Aguirre

Exact Position Title Desk Clerk

Telephone # (714) 563-1405 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5			✓		
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5			✓		
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5			✓		
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	7			✓		
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5			✓		

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 Eriselda Aguirre

Date 7-7-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 1/2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD
Employee Name (Print) Maria G. Aguirre

Department/Location FL Financial Aid
Exact Position Title Financial Aid Technician

Telephone # 714 732.5277 Work year length(circle) 12mo / 11mo / 10mo / hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	na					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	na					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	na					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	na					

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 M. Aguirre Date 6-15-2010

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCED
District
Jose C. Alcaraz
Employee Name (Print)
714 7325270 (2mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

FE Financial Aid Office
Department/Location
Financial Aid Technician
Exact Position Title
Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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.

Employee Signature Jose Alcaraz Date 6/15/10

If you have any questions, please contact Jose Alcaraz, at 25278

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions and Records
Department/Location

Arturo Almaraz
Employee Name (Print)

Clerical Assistant
Exact Position Title

(714) 484-7346 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 ~~08-09~~ 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 [Signature] Date 6/17/10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District

Cypress College/Admissions and Records _____
Department/Location

Meg Alton
Employee Name (Print)

Admissions & Records Technician
Exact Position Title

(714) 484-7349 _____
Telephone #

(2mo)/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Meg Alton

Date June 9, 2008

If you have any questions, please contact _____ Regina Ford _____, at 714/484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District _____

Cypress College/Admissions and Records
Department/Location _____

Blanca Atkins
Employee Name (Print) _____

Admissions & Records Technician
Exact Position Title _____

(714) 484-7409 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Blanca Atkins

Date 6/9/10

If you have any questions, please contact _____ Regina Ford _____, at 714/484-7432 _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Claudia Beard
Employee Name (Print)

Bursar's Office
Department/Location
Account clerk II
Exact Position Title

(714) 732-5030 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10 10/11

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10					
Code 15 Amounts Receivable/Delinquencies: ^{NSF} Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record. <u>During refund period</u>	10					

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 Claudia Beard Date 11-15-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location CC-BURSAR

Employee Name (Print) Shelley Becerra

Exact Position Title Cashier/Registration Clerk

Telephone # (714) 491-0876 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>2</u>	<input checked="" type="checkbox"/>				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2</u>	<input checked="" type="checkbox"/>				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>2</u>	<input checked="" type="checkbox"/>				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>2</u>	<input checked="" type="checkbox"/>				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>3</u>				<input checked="" type="checkbox"/>	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>4</u>					<input checked="" type="checkbox"/>

40% of students

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 Shelley Becerra

Date June 10, 10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NUCCCD

Department/Location FC Veterans Resource Center

Employee Name (Print) Raymond A Bustos

Exact Position Title VACO / Financial Aid Tech

Telephone # 714 732 5279 Work year length(circle) 12mo/11mo/10mo/hrlly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>N/A</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>4</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>N/A</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 Raymond A Bustos

Date 6-16-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 MINS

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____

Cypress College/Admissions and Records _____

District _____

Department/Location _____

LY Chan

EVALUATOR

Employee Name (Print) _____

Exact Position Title _____

714-484-7437 (12mo) 11mo/10mo/hrly

Fiscal Year: 07-08 08-09 (09-10)

Telephone # _____

Work year length(circle) _____

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>12.5</u> <u>10-15</u>	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>12.5</u> <u>10-15</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>10-15</u>	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>12.5</u> <u>10-15</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 June 10, 2010

If you have any questions, please contact Regina Ford at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Marlene Courtney
Employee Name (Print)

Cypress College/Admissions and Records
Department/Location
Evaluator Specialist
Exact Position Title

(714) 484-7433 Telephone #
(12mo) 11mo/10mo/hrlly Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Marlene Courtney

Date 6/9/2010

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District No CCD Department/Location FC Financial Aid
 Employee Name (Print) CARRIE CRUZ Exact Position Title Clerical Assit
 Telephone # 714 992-7091 Work year length(circle) (2mo/11mo/10mo/hrly) Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	NA					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 6.17.10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions and Records
Department/Location

CHRISTY A DAVIS
Employee Name (Print)

Admissions & Records Specialist
Exact Position Title

714-484-7348 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>13.5</u> 3-30	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>5</u>	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>13.5</u> 3-30	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>5</u>	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 [Signature]

Date 6/9/10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2-5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions and Records
Department/Location

Brian Dean
Employee Name (Print)

Admission and Records Technician
Exact Position Title

47344 Telephone # (12mo)/11mo/10mo/hrly Work year length(circle)


Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 6-9-10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 10

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Admissions & Records / Fullerton College

Employee Name (Print) Field Do

Exact Position Title Evaluator

Telephone # (714) 932-5948

Work year length(circle) (12mo/11mo/10mo/hrly)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 7/9/10

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Bursar's / FC

Employee Name (Print) Jami Ebright

Exact Position Title Account Clerk II

Telephone # 714 732 5031 Work year length(circle) 12mo/11mo/10mo/hrlly

Fiscal Year: 07-08 08-09 09-10 10/11

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Jami Ebright

Date 11/10/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location ADMISSIONS & RECORDS (FC)

Employee Name (Print) ANA FELIX

Exact Position Title SPECIALIST

Telephone # 714-732-5734 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Ana Felix Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Regina Ford
Employee Name (Print)

Cypress College/Admissions and Records
Department/Location
Registrar
Exact Position Title

714 484-7432 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	³ 4-10	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Regina Ford Date 6-9-10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District Norced

Department/Location Admission + records (EC)

Employee Name (Print) LISA FUNAKA

Exact Position Title Admission + records Technician

Telephone # (714) 932-5936 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3.0</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3.0</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>2.0</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>3.0</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>3.0</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>2.0</u>					

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 [Signature]

Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD Department/Location FC Financial Aid Office
 Employee Name (Print) Everardo Galvez Exact Position Title Tech. Substitute hourly
 Telephone # & Work year length(circle) (714) 992-7091 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10
24066 **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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	3					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 6/15/10

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCDD

Department/Location A+R (FC)

Employee Name (Print) Adrian Garcia

Exact Position Title CASHIER

Telephone # (714) 883-9001 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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

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 *Adrian Garcia*

Date 7-7-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

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

District NOCCCD

Department/Location Financial Aid Office

Employee Name (Print) Ana Rosa Garcia

Exact Position Title Financial Aid Technician

Telephone # 714-732-5281 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	N/A					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Ana Rosa Garcia

Date 10-21-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FC Bursar

Employee Name (Print) Cynthia Green

Exact Position Title Manager, Campus Accounting

Telephone # 714-992-7007 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10 10/11

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Cynthia Green Date 11-16-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

ADMISSIONS & RECORDS (FC)
Department/Location

ELIZABETH A. GUZMAN
Employee Name (Print)

SPECIALIST (INTERIM)
Exact Position Title

7) 732-5738 12mo 1mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	2					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 [Signature] Date 6/30/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7'

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District EE / FAO / CC Department/Location
JACKIE HA Employee Name (Print) FIN. AID TECHNICIAN Exact Position Title
X47118 Telephone # 12mo/11mo/10mo/hrlly Work year length(circle) Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	12'					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15'					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15'					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10'					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/a					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	12'					

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 Jackie Ha Date 6/15/10

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location CC-BURSAR

Employee Name (Print) RENIE HARTER

Exact Position Title MANAGER, CAMPUS ACCOUNTING

Telephone # 714-484-7316 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% of student

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 Renie Harter Date 6-10-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Bursar / Cypress College

Employee Name (Print) Kevin Henry

Exact Position Title Registration Clerk

Telephone # 714-679-3263 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					✓

40% of students

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 K. Henry

Date 6-10-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions and Records
Department/Location

JERE HERNANDEZ
Employee Name (Print)

Administrative Assistant II
Exact Position Title

714-484-7345
Telephone #

(12mo)/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	⁶ 5-7	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	¹ 5-7	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	¹⁰ 5-15	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Jeri L. Hernandez

Date 6-15-10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 8

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location BUREAU - CYPRESS COLLEGE

Employee Name (Print) JAY KANAAN

Exact Position Title ACCOUNTING TECHNICIAN

Telephone # (714) 404-7315 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	6	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	35				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% of student

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 [Signature] Date 6/10/10

If you have any questions please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCO

Department/Location ARR / FULLERTON

Employee Name (Print) ELIZABETH LEDEZMA

Exact Position Title TECHNICIAN

Telephone # X25737

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 [Signature]

Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NoCCCS

Department/Location Bursar's Office-CC

Employee Name (Print) Maureen Leopold

Exact Position Title Accounting Specialist

Telephone # 484-7318

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	6	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					✓

40% of student

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 Maureen Leopold

Date 6/10/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOC CCD

Department/Location A&R / Fullerton

Employee Name (Print) Kim Louie-Jen

Exact Position Title Evaluator

Telephone # 714-732-9146 (12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Kim Louie-Jen

Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Fullerton / Bursar

Employee Name (Print) Leslie Mahoney

Exact Position Title Account Clerk II

Telephone # 714) 732-5032 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10 10/11

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 [Signature]

Date 11/10/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District N00000 Department/Location Admissions/Fullerton
 Employee Name (Print) Delores martinez Exact Position Title Transcript technician
 Telephone # (714) 732-5139 Work year length(circle) 2mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>3</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>3</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>3</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>2</u>					

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 Delores Martz Date 7-7-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOC.CCD
District

Bursar/Cypress College
Department/Location

Sarah Meiert
Employee Name (Print)

Registration Clerk
Exact Position Title

714-484-7317 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	7					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	7					

40% of student

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 S Meiert

Date 6-10-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location BORSAR'S OFFICE

Employee Name (Print) John Miller

Exact Position Title ACCOUNTING TECHNICIAN

Telephone # 714-732-5033 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10 10/11

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 John Miller Date 11/10/10

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

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District _____

Cypress College/Admissions and Records
Department/Location _____

Sandra Miranda
Employee Name (Print) _____

Evaluator
Exact Position Title _____

714) 484-7431 Telephone #
(12mo) Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 S. Miranda Date 6/10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 7

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Bursars - Cypress

Employee Name (Print) Lisa Morales

Exact Position Title Accounting Tech

Telephone # 714-484-7319 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>8</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>6</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>9</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>6</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>25</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>12</u>					

40% of students

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 [Signature] Date 6-10-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCDD
District
Charmaine Morris
Employee Name (Print)

Admissions and records (FC)
Department/Location
Student Hourly
Exact Position Title

(114) 898-1790 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Chimi

Date 7/7/2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N.O.C.C.C.D.
District

Cypress College / Bursars Office
Department/Location

Vanessa Murillo
Employee Name (Print)

Accounting Technician
Exact Position Title

(714) 484-7314 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4min.	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5min.	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	average 7min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5min.	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	17min.				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	8min.					✓

40% of students

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 Vanessa Murillo Date 6-10-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions and Records
Department/Location

Dustin T. Nguyen
Employee Name (Print)

A&R Specialist
Exact Position Title

(714) 484-7429 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Dustin T. Nguyen Date 6/15/10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

FC Financial Aid
Department/Location

Elaine Oropesa
Employee Name (Print)

Financial Aid Technician
Exact Position Title

714-732-5283 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Elaine Oropesa

Date 6-17-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCO

Department/Location Admissions / Records (FC)

Employee Name (Print) Padilla, Jayme

Exact Position Title Evaluator

Telephone # 25745

Fiscal Year: 07-08 08-09 09-10

Work year length(circle) 12mo/11mo/10mo/hrly

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

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 Jayme Padilla

Date JUL 7 2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCT Department/Location Admissions and Records (PL)
 Employee Name (Print) Denise Perez Exact Position Title student hourly
 Telephone # (714) 992-7075 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	N/A					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Denise Perez Date 07/07/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location Admissions and Records (FC)

Employee Name (Print) Sarah Plescher

Exact Position Title Student hourly

Telephone # (714) 992-7075 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>4</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>3</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>2</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>3</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>2</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>3</u>					

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 Sarah Plescher

Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location BURJAK'S OFFICE / STUDENT SERVICES 2000 BLDG
 Employee Name (Print) LINH QUAN Exact Position Title ACCOUNTING SPECIALIST
 Telephone # 714.732.5034 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10 10/11

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Linh Quan Date 11-10-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 20m

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCCCD Department/Location: Admissions (Fullerton College)
 Employee Name (Print): Claudia Quilizapa Exact Position Title: Admissions Tech
 Telephone #: 714-732-5141 Work year length(circle): 12mo Fiscal Year: 07-08 08-09 09-10

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

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: [Signature] Date: 7/7/10

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD District Cypress College/Admissions and Records
 Department/Location
 Employee Name (Print) Linda Redd Exact Position Title Evaluator
 Telephone # X47434 Work year length(circle) (12mo) 11mo/10mo/hrly Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	15	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	20	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	10	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 Linda Redd Date 5/9/2010

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCLD Department/Location AGR (FC)
 Employee Name (Print) DENISE REID Exact Position Title AGR TECH
 Telephone # 714 992-7075 Work year length(circle) (2mo) 1mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)						
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Denise Reid Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mnts.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location FC Financial Aid
 Employee Name (Print) Greg Ryan Exact Position Title Director, Fin Aid + Vet. Svc.
 Telephone # 714-992-7091 Work year length(circle) 12mo Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3		✓			
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	n/a					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3				✓	
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	n/a					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/a					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 6/16/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Admissions & Records (FC)

Employee Name (Print) MIHIR SHAH

Exact Position Title Counter Staff

Telephone # 714-348-1386 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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

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 MIHIR SHAH

Date July 7, 2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FULLERTON COLLEGE FINANCIAL AID

Employee Name (Print) Laurie Schwiebert

Exact Position Title Administrative Assistant II

Telephone # (714) 732-5285

Work year length(circle) (12mo)/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Laurie Schwiebert Date 6/15/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 minute

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District Northridge County Community College Department/Location Cypress College - Financial Aid
 Employee Name (Print) Jeanne Thompson Exact Position Title Student Services Technician
 Telephone # (714) 484-7000 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10
X45013

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	Ø					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	Ø					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	Ø					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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 Jeanne Thompson Date 6/10/2010

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 MIN

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Cypress College/Admissions and Records
Department/Location

STEPHEN TOM
Employee Name (Print)

ADMISSIONS & RECORDS TECHNICIAN
Exact Position Title

(714) 484-7092 (12mo)/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 (09-10)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	-----	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	-----	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 (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 [Signature] Date 6/15/10

If you have any questions, please contact Regina Ford, at 714/484-7432

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Fin. Aid / Cypress

Employee Name (Print) Kimberly Tran

Exact Position Title Financial Aid Technician

Telephone # X 48120 Work year length(circle) 12mo / 11mo / 10mo / hrly

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	.3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	.5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	.5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	.2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	/					
Code 16 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 Kimberly Tran

Date 6/16/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

North Orange County Comm. College
District

Admissions + Records, Fullerton College
Department/Location

Nicol Tushkz
Employee Name (Print)

Evaluator
Exact Position Title

714-732-5747
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	20					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	20					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Nicol Tushkz Date 7-8-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCED Department/Location: FC Financial Aid
 Employee Name (Print): Fatima Villegas Exact Position Title: Technician
 Telephone #: 714) 992-7091 Work year length(circle): 12mo Fiscal Year: 07-08 08-09 09-10

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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: Fatima Villegas Date: 6/18/2010

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2009-2010
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Abadzhyan, Susanna	FA Technician	3	5	2	3	4	
Adakai, Ericka	Administrative Assistant II	4					
Aguirre, Maria G.	FA Technician	3	5	5	3	4	3
Alcaraz, Jose	FA Technician	3	5	2	3	4	
Beard, Claudia	Account Clerk II	10					
Bustos, Raymond	FA Technician	3	6	2	3	4	
Cruz, Carrie	Clerical Assistant	2		2	3	3	4
Do, Field	Evaluator	1					
Ebright, Jami	Account Clerk II	2					
Felix, Ana	Specialist	1					
Galvez, Everardo	Clerical Assistant	3	5	3	3	4	
Garcia, Adrain	Cashier	1					
Garcia Ana Rosa	FA Technician	3	3	3	3	4	
Grein, Cyndi	Manager Campus Accounting	3					
Guzman, Elizabeth	Specialist	2					
Ha, Jackie	Financial Aid Technician/Specialist	12	15	12	10	10	15
Ledezma, Elizabeth	Technician	1					
Louie-Jeu, Kim	Evaluator	1					
Mahoney, Leslie	Account Clerk	1					
Martinez, Delores	Technician	3					
Miller, John	Accounting Technician	2					
Morris, Charmaine	Student Hourly	2	1				
Oropeza, Elaine	Financial Aid Technician	3	4	2	3	5	
Padilla, Jayme	Evaluator	1					
Perez, Denise	Student Hourly	3					
Plescher, Sarah	Student Hourly	2					
Quan, Linh	Account Specialist	1					
Quilizapa, Claudia	Admission Technician	1					
Reid, Denise	A&R Technician	2					
Ryan, Greg	Director, Financial Aid & Veterans S	3	5	3	3	4	2
Schwiebert, Laurie	Administrative Assistant II	2	2		5	1	
Shah, Mihir	Counter Staff	3					
Thompson, Jeanne	Student Services Technician	10	10				
Tran, Kimberly	FA Technician	5	3	5	2		2
Tushla, Nicol	Evaluator	20					
Villegas, Fatima	Technician	3	5	2	3	4	
Average		3.5	5.3	3.6	3.6	4.3	5.2

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2009-2010
Time Study

*EFW Workload Multiplier (Default)

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Conclusion: Findings go forward to Schedule 1B.

Schedule 3A
 North Orange County community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2009-2010
 Average PHR

Purpose: To calculate average PHR for Financial Aid staff.
 Source: North Orange County CCD PHR's.
 Findings:

Staff	Title	09-10
Abadzhyan, Susanna	FA Technician	37.63
Adakai, Ericka	Administrative Assistant II	36.30
Aguirre, Griselda	Student Hourly	8.29
Aguirre, Maria G.	FA Technician	40.79
Alcaraz, Jose	FA Technician	41.15
Beard, Claudia	Account Clerk II	41.94
Bustos, Raymond	FA Technician	47.87
Cruz, Carrie	Clerical Assistant	35.41
Do, Field	Evaluator	43.53
Ebright, Jami	Account Clerk II	34.91
Felix, Ana	Specialist	54.00
Galvez, Everardo	Clerical Assistant	17.55
Garcia, Adrian	Hourly - Clerical/Secretarial	8.12
Garcia, Ana Rosa	FA Technician	29.76
Grein, Cyndi	Manager Campus Accounting	64.79
Guzman, Elizabeth A.	Technician	40.35
Ha, Jackie	Financial Aid Technician/Specialist	48.05
Ledezma, Elizabeth	Technician	34.51
Louie-Jeu, Kim	Evaluator	40.92
Mahoney, Leslie	Account Clerk	38.62
Martinez, Delores	Technician	38.96
Miller, John	Accounting Technician	40.30
Morris, Charmaine	Hourly - Clerical/Secretarial	8.24
Oropeza, Elaine	Financial Aid Technician	43.65
Padilla, Jayme	Evaluator	36.73
Perez, Denise	Hourly - Clerical/Secretarial	9.29
Plescher, Sarah	Hourly - Clerical/Secretarial	8.12
Quan, Linh	Accounting Specialist	44.91
Quilizapa, Claudia	Admission Technician	32.75
Reid, Denise	Technician	34.59
Ryan, Greg	Director, Financial Aid & Veterans Scvs.	65.43
Schwiebert, Laurie	Administrative Assistant I	38.34
Shah, Mihir	Hourly - Clerical/Secretarial	8.12
Thompson, Jeanne	Student Services Technician	39.82
Tran, Kimberly	FA Technician	43.69
Tushla, Nicol	Evaluator	44.92
Villegas, Fatima	Technician	35.16
Average		35.61

A: Average PHR used.

Conclusion: Findings go forward to EFCW FORM-2.

How long did it take you to fill out this form? 1 1/2 min

EFCW 1.7-3

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

District NOCCTD Department/Location Fc financial aid
 Employee Name (Print) Susanna Abadshyan Exact Position Title Financial aid Tech
 Telephone # 714) 992-7091 Work year length(circle) 12mo 11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Susanna Abadshyan Date 6/17/2010

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-3

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

NOCCCD
District

Admissions & Records / FC
Department/Location

Erica Adakai
Employee Name (Print)

Administrative Assistant II
Exact Position Title

714.732.9133
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 Erica Adakai Date 7/8/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 1/2

EFCW 1.7-3

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

District NOCCCD
Employee Name (Print) Maria G. Aguirre

Department/Location FC Financial Aid
Exact Position Title Financial Aid Technician

Telephone # 714-732-5277 Work year length(circle) 12mo 11mo/10mo/hrlly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>5</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>3</u>			

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 M. Aguirre Date 6-15-2010

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District: NOCED Department/Location: FC Financial Aid Office
 Employee Name (Print): Jose C. Alcaraz Exact Position Title: Financial Aid Technician
 Telephone #: 714 732 5278 Work year length(circle): 2mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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: [Signature] Date: 6/15/10
 If you have any questions, please contact Jose Alcaraz, at 25278

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

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

NOCCCD
District

Bursar's Office
Department/Location

Claudia Beard
Employee Name (Print)

Account Clerk II
Exact Position Title

732-5030 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10 10/11

(714)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 Claudia Beard Date 11-15-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

District NOCCCD

Department/Location FC Veterans Resource Center

Employee Name (Print) Raymond A Busto

Exact Position Title VACU/Financial Aid Tech

Telephone # 714 732 5279 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>6</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Raymond A Busto Date 6-16-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

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

NOCCCO
District

FC Financial Aid
Department/Location

CAROLIE CRUZ
Employee Name (Print)

Clerical Asst.
Exact Position Title

714 992 7071 12mo 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	3			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 [Signature] Date 6-17-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10

EFCW 1.7-3

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

District HOCCTD

Department/Location Admissions & Records / Fullerton College

Employee Name (Print) Field DO

Exact Position Title Evaluator

Telephone # (714) 732-5948

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2min

EFCW 1.7-3

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

NOC CCD
District

Bursar's / FC
Department/Location

Jami Ebright
Employee Name (Print)

Account Clerk II
Exact Position Title

714 732 5031 Telephone #
12mo / 11mo / 10mo / hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10 10/11

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 Jami Ebright Date 11/10/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

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

District DOCCCD

Department/Location ADMISSIONS & RECORDS (FC)

Employee Name (Print) ANA FELIX

Exact Position Title SPECIALIST

Telephone # 714-732-5734 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 Ana Felix Date 7/7/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-3

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

District NOCCCD
Employee Name (Print) Everardo Galvez

Department/Location FC. Financial Aid Office
Exact Position Title Sub Technician Sub.

Telephone # (714) 992-7091
24066
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>3</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature] Date 6/19/10
If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-3

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

District NOCCCD Department/Location A + R (FL)
 Employee Name (Print) Adrian Garcia Exact Position Title Cashier
 Telephone # (714) 883-9001 Work year length(circle) 12mo/11mo/10mo/9mo Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Adrian Garcia Date 7-7-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-3

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

District NOCCED

Department/Location Financial Aid

Employee Name (Print) Ang Rosa Garcia

Exact Position Title Financial Aid Technician

Telephone # 714-732-5281 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>3</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>3</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Ang Rosa Garcia Date 6-21-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

NOCCCD
District

FC Bursar
Department/Location

Cybil Green
Employee Name (Print)

Maricopa Campus Accounting
Exact Position Title

714-992-7007 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 07-08 08-09 09-10 10/11

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Cybil Green Date 11-16-10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

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

District: NOCCCD Department/Location: ADMISSIONS & RECORDS (FC)
 Employee Name (Print): ELIZABETH A. GUZMAN Exact Position Title: SPECIALIST (INTERIM)
 Telephone #: 71732-5738 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature] Date 6/30/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10'

EFCW 1.7-3

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

NOCCCD
District

FAO/CC
Department/Location

JACKIE HA
Employee Name (Print)

FA TECHNICIAN
Exact Position Title

X 47118
Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	12'			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	15'			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	12'			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10'			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10'			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15'			

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 Jackie Ha Date 6/15/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 2

EFCW 1.7-3

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

NOCCO
 District ADMISSIONS / FULLERTON
ELIZABETH LEDEZMA
 Employee Name (Print) TECHNICIAN
x 25737 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 [Signature] Date 7/7/00
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

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

District NOCCCD Department/Location A&R / Fullerton College
 Employee Name (Print) Kim Love-Jen Exact Position Title Evaluator
 Telephone # 714-2-3746 Fiscal Year: 07-08 08-09 09-10
 Work year length(circle) 12mo/11mo/10mo/hrly
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Kim Love-Jen Date 7/7/10
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 1

EFCW 1.7-3

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

NOCCCP
District

Fullerton / BURSA
Department/Location

Leslie Mahoney
Employee Name (Print)

Account Clerk II
Exact Position Title

714-732-5032 Telephone # 12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10 10/11

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 Leslie Mahoney Date 11/10/10

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

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location Admissions/ Fullerton

Employee Name (Print) Delores Martinez

Exact Position Title Transcript technician

Telephone # (714) 25739

Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Delores Martinez Date 7/7/10

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location BURSAR'S OFFICE

Employee Name (Print) John Miller

Exact Position Title Accounting Technician

Telephone # 714-732-5633 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10 10/11

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 John Miller Date 11/10/10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Admissions and Records (FC)
Department/Location

Charmaine Morris
Employee Name (Print)

Student Helper
Exact Position Title

(714) 856-1790 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>1</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 Charmaine Morris Date 7/1/2010

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

FC Financial Aid
Department/Location

Elaine Oropeza
Employee Name (Print)

Financial Aid Technician
Exact Position Title

714-732-5283 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	4			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Elaine Oropeza Date 6-17-10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District Facilla, Jayme Department/Location Admission & Records (FC)
 Employee Name (Print) Facilla, Jayme Exact Position Title Evaluator
 Telephone # 25745 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	∅			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	∅			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	∅			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	∅			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	∅			

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 Jayme Facilla Date JUL 7 2010

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location Admissions and Records (FO)
 Employee Name (Print) Denise Perez Exact Position Title student hourly
 Telephone # (714) 992-7075 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Denise Perez Date 07/07/10
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCO Department/Location Admissions and Records (PC)
 Employee Name (Print) Sarah Plescher Exact Position Title Student hourly
 Telephone # (714) 992-7075 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>NA</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>NA</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>NA</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>NA</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>NA</u>			

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 Sarah Plescher Date 7/7/10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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. *STUDENT SERVICES*

District NOCCCD

Department/Location BURSAR'S OFFICE / 2000 BLDG

Employee Name (Print) LINH QUAN

Exact Position Title ACCOUNTING SPECIALIST

Telephone # 714.732.5034 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 07-08 08-09 09-10 10/11

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 *Linh Quan* Date 11-10-10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 hr

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NOCCCD Department/Location: Fullerton College Admissions
 Employee Name (Print): Claudia Quilizapa Exact Position Title: Admissions Team
 Telephone #: 714-732-5141 Fiscal Year: 07-08 08-09 09-10
 Work year length(circle): 12mo/11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier. (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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: [Signature] Date: 7/7/10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

A&R (FC)
Department/Location

DENISE REID
Employee Name (Print)

A&R TECH
Exact Position Title

* 28742
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Denise Reid

Date 7-7-10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mnts.

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD

FC FINANCIAL AID

District

Department/Location

Greg RYAN
Employee Name (Print)

Director, Fin Aid + Veterans Svcs.
Exact Position Title

714. 992-7091 Telephone #
12mo / 11mo / 10mo / hrly Work year length (circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			✓
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			✓
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	3			✓
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	3		✓	
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4		✓	
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2		✓	

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Employee Signature Greg Ryan

Date 6/16/10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 1/2

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location Fullerton College Financial Aid
 Employee Name (Print) Laurie Schwiebert Exact Position Title Administrative Assistant II
 Telephone # (714) 732-5285 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	2			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	.5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	1			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Laurie Schwiebert Date 6/15/10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NOCCCD Department/Location: Admission & Records (FC)
 Employee Name (Print): MIHIR SHAH Exact Position Title: Counter Staff
 Telephone #: 714-348-1386 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature: MIHIR SHAH Date: July 7, 2010

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

North Orange County Community College
District

Cypress College - Financial Aid
Department/Location

Jeanne Thompson
Employee Name (Print)

Student Services Technician
Exact Position Title

(714) 484-2000
Telephone #
X45013

(12mo) 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>10</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>10</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>Ø</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>Ø</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>Ø</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>Ø</u>			

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 Jeanne Thompson

Date 6/10/2010

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location Fin. Aid / cypress
 Employee Name (Print) Kimberly Tran Exact Position Title Financial Aid Technician
 Telephone # x 48120 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 07-08 . 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	.5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	.3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	.5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	.2			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	/			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	.2			

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Employee Signature Kimberly Tran Date 6/16/10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

North Orange County Community College
District

Admissions & Records, Fullerton College
Department/Location

Nicol Tusha
Employee Name (Print)

Evaluator
Exact Position Title

714-932-5749
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 07-08 08-09 09-10

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	20			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	φ			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	φ			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	φ			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	φ			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	φ			

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Employee Signature Nicol Tusha Date 7-8-10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 2

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCED Department/Location FC Financial Aid
 Employee Name (Print) Fatima Villegas Exact Position Title Technician
 Telephone # (714) 992-7091 Fiscal Year: 07-08 08-09 09-10
 Work year length(circle) 12mo 11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>5</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>2</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>4</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Fatima Villegas Date 6/18/10
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 4
 North Orange County Community College District
 308/95 Enrollment Collection and Waivers
 Fiscal Year 2006-07 through 2009-2010
 Statistics

Purpose: To calculate the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.7-1, EFCW 1.8-1, EFCW 1.8-2, and EFCW 1.8-3 and excel spreadsheet from client.

Findings:

*Workload Multiplier	Source		Total			
			06-07	07-08	08-09	09-10
EFC 1	1.8-1	1. Enrolled Students	83,159	84,740	86,323	90,970
EFC 2	1.8-1	2. Paid Enrollment fees	68,239	56,135	52,249	49,019
EFC 3	1.8-1	3. Exempted from enrollment fees (BOGG, etc.)	14,920	28,605	34,074	41,951
EFC 4	1.8-2	1. Delinquencies collections	589	1,240	1,091	964
EFC 5	1.8-2	2. Refunds	4,843	5,749	6,271	7,701
EFW 6	1.8-3	1. Waivers Requested	30,300	30,650	47,397	**21,292
EFW 7	1.8-3	2. Waivers Approved	28,003	29,375	47,243	**21,292
EFW 8	1.8-3	(1-2) Waivers Denied	2,297	1,275	154	

**Used Chancellor's number.

*EFC/EFW Workload Multiplier

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Conclusion: Findings will go forward to the Schedule 1A and 1B.

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of students enrolled each fiscal year. (Not FTE's)			
Summer		<i>Please see attached</i>	
Fall			
Winter/ Intersession			
Spring			
Total			
2. Number of students who paid enrollment fees:			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			
3. Number of students exempted from paying enrollment fees (BOGG, etc):			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			

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: *K. Vyas* Date 1/21/11

Kashu Vyas Accounting Specialist
Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	2009	16,409	22,294
Spring	2010	15,437	22,529
Summer	2010	5,169	9,132
Totals 2009-10		37,015	53,955

total 90,970

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2.

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
Fall	2009	8,526	12,721
Spring	2010	7,512	12,657
Summer	2010	2,739	4,864
Totals 2009-10		18,777	30,242

total 49,019

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3.

Source: Banner a/o 1/21/11

NOTE: CCCO Website no longer presents the unique counts for BOG.

Since we took this from Banner, we are presenting Fall 2009, Spring 2010 and Summer 2010 below, which is consistent with our academic year info in Banner.

Term	Yr	Cypress	Fullerton
Fall	2009	7,883	9,573
Spring	2010	7,925	9,872
Summer	2010	2,430	4,268
Totals 2009-10		18,238	23,713

total 41,951

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of enrollment fee accounts receivable requiring collection:			
Summer		<i>please see attached</i>	
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility			
Summer			
Fall			
Winter/Intersession			
Spring			
Total		✓	

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: *K. Vyas* Date 1/21/11
Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1.

Source: Banner a/o 1/21/11

Term	Yr	Cypress	Fullerton
Fall	2009	154	285
Spring	2010	139	219
Summer	2010	55	112

total 964

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2.

Source: Banner

Term	Yr	Cypress & Fullerton Combined
Fall	2009	3,966
Spring	2010	2,434
Summer	2010	1,301

total 7701

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of enrollment fee waivers requested (BOGG etc.)			
Summer		<i>please see attached</i>	
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee waivers approved (BOGG, etc.)			
Summer			
Fall			
Winter/Intersession			
Spring			
Total		✓	

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: *K. Vyas* Date 1/21/11
 Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton	
2009-10	32,316	37,434	= 69,750

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton	
2009-10	32,202	37,286	= 69,488

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton	
2009-10	114	148	= 262

5 5
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007 through 2009-2010
 Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-4 and attachments from district office.

Findings:

Source	Item	06-07	07-08	08-09	09-10
1.8-4 line 3	Net Revenue Received	\$ 9,725,281	\$ 9,078,625	\$ 9,072,040	\$ 10,646,226
p/E.C. 76300 (c)	2% of Revenue Rec'd.	\$ 194,506	\$ 181,573	\$ 181,441	\$ 212,925
This data is for comparison with CCCCO 2% calculation directly below.					
1.8-4 line 4A	Enrollment Fees Waived	\$ 5,515,776	\$ 5,117,105	\$ 5,465,658	\$ 8,627,467
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 110,316	\$ 102,342	\$ 109,313	\$ 172,549
06-07 through 08-09 unit fee					
1.8-4 line 5	Fall	112,356	117,501	80,338	165,451
	Spring	108,024	116,603	80,844	167,046
	Winter/Interssion				
	Summer	20,088	21,753	14,803	25,899
	Total # of credits	240,468	255,857	175,985	358,396
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)	\$ 218,826	\$ 232,830	\$ 160,146	\$ 326,140
Summary					
1.8-4 line 4B.	2% of Fees Waived	\$ 110,316	\$ 102,342	\$ 109,313	\$ 172,549
1.8-4 5	Credit Units Waived	\$ 218,826	\$ 232,830	\$ 160,146	\$ 326,140
Total Enrollment Fee Waiver Offset	Forward to Sch. 5A	\$ 329,142	\$ 335,172	\$ 269,459	\$ 498,689

Conclusion: findings go forward to Schedule 5A.

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE REVENUES REPORT

District: North Orage County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-9	09-10	10-11
1. Enrollment Fees Collected	\$	\$	\$
2. Enrollment Fees Refunded	\$	\$	\$
3. Enrollment Fee Revenue - Net (Line 1 subtract line 2)	\$	\$	\$
4A. Total Enrollment Fees Waived (BOGG, etc.)	\$	\$	\$
4B. 2% Enrollment Fees Waived (Line 4A x 2%)	\$	\$	\$
5 Number of credit units for which enrollment fees were waived.			
A. Summer			
B. Fall			
C. Winter/Intersession			
D. Spring			
TOTAL x \$0.91 per credit			

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: *K. Vyas* Date 1/29/11
 Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

9. Total Enrollment Fees Collected each Year

SixTen Form: EFCW 1.8-4, #1.

Source: Banner. Calculated as: Net Enrollment Fees minus BOGG'd Fees minus A/R

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
2009-10	3,930,135	6,621,764	= 10,551,899

10. Total Enrollment Fees Refunded each Year

SixTen Form: EFCW 1.8-4, #2.

Source: Banner - Total Refunds, not just those for enrollment fees, but all fees.

NOTE: Total Enrollment Fees Collected (above) already takes into account any enrollment fees refunded.

**

Academic Year	Cypress	Fullerton	
2009-10	1,088,992	1,675,936	= 2,764,928

11. Total Enrollment Fee Revenue net each Year

SixTen Form: EFCW 1.8-4, #3.

Source: Banner. Total Enrollment Fees Earned

Calculated as: Net Enrollment Fees minus BOGG'd Fees

NOTE: Net Enrollment Fees equals all the enrollment fees charged as well as any enrollment fees reversed due to change in enrollment.

Academic Year	Cypress	Fullerton	
2009-10	3,958,459	6,687,767	= 10,646,226

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

12. Total Enrollment Fees Waived each Year

SixTen Form: EFCW 1.8-4, #4A

Source: BOGG Waivers per CCCO Website

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2009-10 3,717,402 4,910,065 CCCO Website presents the year as Summer - Spring

8,627,467



Banner presents the year as Fall - Summer. This is the info I used in calculating the answers for Items 9 - 11 above.

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall 2009 1,884,753 2,416,947

Spring 2010 1,851,226 2,517,957

Summer 2010 213,122 460,239

Totals 2009-10 3,949,101 5,395,143

13. Number of Credit Units for which Enrollment Fees were Waived

SixTen Form: EFCW 1.8-4, #5

Source: Banner

Term	Yr	Cypress	Fullerton
------	----	---------	-----------

Fall 2009 72,491 92,960 = 165,451

Spring 2010 71,201 96,845 = 167,046

Summer 2010 8,197 17,702 = 25,899

** The refund numbers are overstated with regards to waivers. We were unable to separately identify enrollment refunds. All refunds are lumped together when being paid out.

*** We are unable to separately identify the gross enrollment fees that were collected, prior to any subsequent refunds. The enrollment fee amounts are net of any reversals due to changes in enrollment levels (e.g., dropped classes).

**Student Financial Aid Awards****Cypress College
Financial Aid Count and Amount By type
For 2009-2010**

Data Current As Of January 20, 2011 02:09:39

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	91	39,936
BOGW - Part B based on income standards	3,954	1,417,650
BOGW - Part C based on financial need	5,041	2,259,816

Total Amount = \$ 3,717,402[Back to Top of Page](#)

**Student Financial Aid Awards**

**Fullerton College
Financial Aid Count and Amount By type
For 2009-2010**

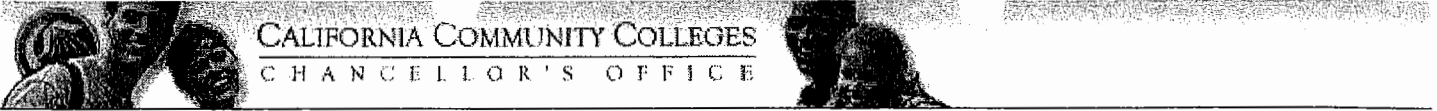
Data Current As Of January 20, 2011 02:10:05

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	115	50,938
BOGW - Part B based on income standards	5,325	2,097,355
BOGW - Part C based on financial need	5,766	2,761,772

Total Amount = \$ 4,910,065

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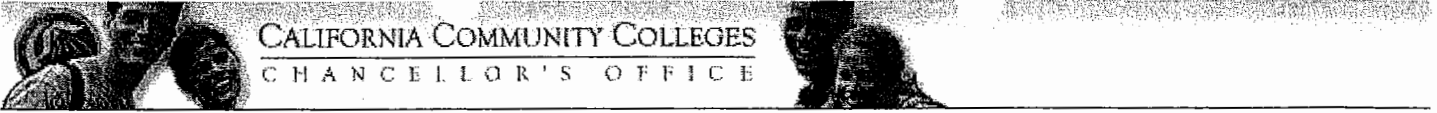


Student Demographics

**Student Total Headcount For Cypress
For 2009 Fall Term**

Data Current As Of January 20, 2011 02:10:57

Total Headcount	16,409
------------------------	---------------



Student Demographics

**Student Total Headcount For Cypress
For 2010 Spring Term**

Data Current As Of January 20, 2011 02:11:29

Total Headcount	15,437
------------------------	--------



Student Demographics

**Student Total Headcount For Cypress
For 2010 Summer Term**

Data Current As Of January 20, 2011 02:11:37

Total Headcount	5,169
------------------------	--------------



Student Demographics

Student Total Headcount For Fullerton For 2009 Fall Term

Data Current As Of January 20, 2011 02:12:01

Total Headcount	22,294
------------------------	--------



Student Demographics

**Student Total Headcount For Fullerton
For 2010 Spring Term**

Data Current As Of January 20, 2011 02:12:07

Total Headcount	22,529
------------------------	---------------



Student Demographics

**Student Total Headcount For Fullerton
For 2010 Summer Term**

Data Current As Of January 20, 2011 02:12:14

Total Headcount	9,132
------------------------	--------------

S 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2006-2007 through 2009-2010
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW FORM-1.

Source: Waiver costs from EFCW-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW FORM-1)	2006-07	2007-08	2008-09	2009-10
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)				
2	Staff Training	(04)(B)(1)(b)	\$ 388.56	\$ 459.84		
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)				
4	Waiving student fees	(04)(B)(2)(b)	\$ 279,745.12	\$ 911,514.40	\$ 578,134.14	\$ 211,031.99
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 3,497.04	\$ 4,138.56		
6	EFCW - Fee Waiver Costs	Total	\$ 283,630.72	\$ 916,112.80	\$ 578,134.14	\$ 211,031.99
7	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 329,142.00	\$ 335,172.00	\$ 269,459.00	\$ 498,689.00
8	Fee Waiver Costs to claim after offsets	L6 - L7	\$ (45,511.28)	\$ 580,940.80	\$ 308,675.14	\$ (287,657.01)
	Offset Amount to Claim	To EFCW FORM-1, line 10	\$ 283,630.72	\$ 335,172.00	\$ 269,459.00	\$ 211,031.99

Conclusion: If line 8 is negative, then line 6-"Total EFCW waiver costs" will be carried forward to EFCW FORM-1, line 10. Otherwise, line 7-"Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW FORM-1, line 10.

Schedule 6
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2009-2010
Student Headcount Summary

Purpose: To calculate student headcount.

Source: California Community Colleges Chancellor's Office website.

Findings:

College	Term	Headcount
Cypress	Summer	5,008
	Fall	16,409
	Spring	15,437
Fullerton	Summer	9,670
	Fall	22,294
	Spring	22,529

TOTAL **91,347**

Conclusion: Not used. Used data provided by college on EFCW 1.8-1.



Student Demographics

**Student Total Headcount For Cypress
For 2009 Summer Term**

Data Current As Of January 27, 2011 01:19:10

Total Headcount	5,008
------------------------	--------------



Student Demographics

**Student Total Headcount For Cypress
For 2009 Fall Term**

Data Current As Of January 27, 2011 01:19:16

Total Headcount	16,409
------------------------	--------

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Thursday, January 27, 2011



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE



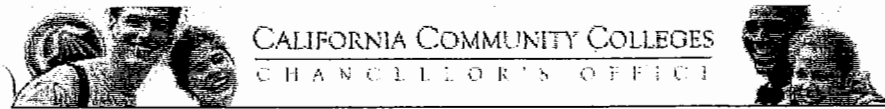
Student Demographics

**Student Total Headcount For Cypress
For 2010 Spring Term**

Data Current As Of January 27, 2011 01:19:27

Total Headcount	15,437
------------------------	---------------

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Student Demographics

**Student Total Headcount For Fullerton
For 2009 Summer Term**

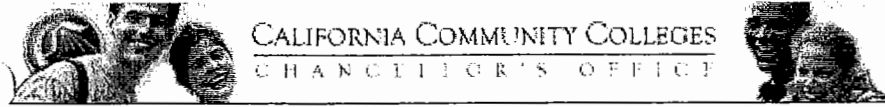
Data Current As Of January 27, 2011 01:19:38

Total Headcount	9,670
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Thursday, January 27, 2011



Student Demographics

**Student Total Headcount For Fullerton
For 2009 Fall Term**

Data Current As Of January 27, 2011 01:19:44

Total Headcount	22,294
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2010 Spring Term**

Data Current As Of January 27, 2011 01:19:53

Total Headcount	22,529
------------------------	--------

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Schedule 7
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2009-2010
Financial Aid Headcount and Amount Summary

Purpose: To calculate student headcount.

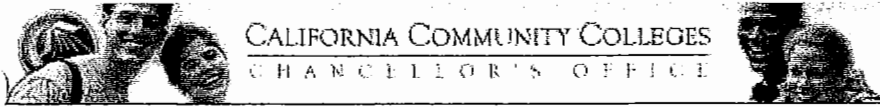
Source: California Community Colleges Chancellor's Office website.

Findings:

College	Headcount	Financial Aid \$
Cypress	9,086	\$ 3,717,402.00
Fullerton	12,206	\$ 4,910,065.00

TOTAL 21,292 \$ 8,627,467

Conclusion: Used data provided by Chancellor's website. Districts numbers unrealistic.



CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2009-2010**

Data Current As Of January 27, 2011 01:20:40

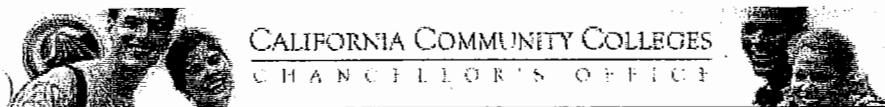
[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	91	39,936
BOGW - Part B based on income standards	3,954	1,417,650
BOGW - Part C based on financial need	5,041	2,259,816

total 9,086

Total Amount = \$ 3,717,402

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CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2009-2010**

Data Current As Of January 27, 2011 01:20:49

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	115	50,938
BOGW - Part B based on income standards	5,325	2,097,355
BOGW - Part C based on financial need	5,766	2,761,772

total 12,206
Total Amount = \$ 4,910,065

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CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2009-10 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ORANGE COUNTY

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU. MAY 2010	JUNE PAYMENT	TOTAL PAID THRU. JUNE 2010
GENERAL APPORTIONMENT	86,288,547	66,695,257	1,589,837	68,285,094
ENROLL FEE ADMIN (2%)	107,861	99,232	8,629	107,861
APPRENTICE ALLOWANCE	11,698	10,762	936	11,698
BASIC SKILLS	818,123	752,673	65,450	818,123
S. F. A. A.	1,035,369	952,539	82,830	1,035,369
E. O. P. S.	1,502,621	1,382,411	120,210	1,502,621
C. A. R. E.	186,081	171,195	14,886	186,081
D. S. P. S.	1,761,112	1,609,671	151,441	1,761,112
STATE HOSPITALS	0	0	0	0
CALWORKS	521,096	397,828	123,268	521,096
MATRICULATION (CREDIT)	901,291	824,834	76,457	901,291
MATRICULATION (NONCREDIT)	641,256	589,956	51,300	641,256
FAC. & STAFF DIVERSITY	13,862	12,753	1,109	13,862
PART-TIME FACULTY ALLOCATION	769,652	708,080	61,572	769,652
TELECOMMUNICATIONS	0	0	0	0
INST. EQUIPMENT & LIBRARY	0	0	0	0
SCHDL. MAINT. & REPAIRS	0	0	0	0
TANF	136,859	125,910	0	125,910
ECONOMIC DEVELOPMENT	717,146	602,403	0	602,403
NURSING EDUCATION	87,973	73,897	0	73,897
OTHER ADJUSTMENTS	0	0	0	0
STATE CAREER TECH. EDUCATION	310,000	0	310,000	310,000
CHILDCARE TAXBAILOUT	0	0	0	0
TRANSFER & ARTICULATION	0	0	0	0
PART-TIME FAC OFFICE HOURS	222,074	204,308	17,766	222,074
PART-TIME FAC INS.	4,775	4,393	382	4,775
TANF WORK STUDY	54,953	32,663	0	32,663
PRIOR YEAR CORRECTION	136,391	127,397	8,994	136,391
TOTAL	96,228,740	75,378,162	2,685,067	78,063,229

SixTen and Associates
MANDATE REIMBURSEMENT SERVICES

PRODUCTIVE HOURLY RATE UPDATE

Note: Please provide the rates for the FY: 09-10 and the missing rates for 08-09.

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
	AVERAGE ACCOUNTING TECH		\$ 41.52	
	AVERAGE ADMINISTRATIVE ASSISTANT		\$ 45.85	
	AVERAGE ADMISSIONS TECHNICIAN		\$ 34.21	
	AVERAGE BURSAR			
	AVERAGE CLERICAL ASSISTANT		\$ 42.67	
	AVERAGE COUNSELOR		\$ 72.89	
	AVERAGE CUSTODIAN		\$ 35.93	
	AVERAGE DEAN		\$ 86.79	
	AVERAGE DIRECTOR		\$ 87.30	
	AVERAGE EVALUATOR		\$ 42.09	\$ 40.74
	AVERAGE FACILITIES ASSISTANT			
	AVERAGE FINANCIAL AID SPECIALIST			
	AVERAGE FINANCIAL AID TECHNICIAN		\$ 45.18	
	AVERAGE GROUNDSKEEPER			

Six Ten and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
	AVERAGE HOURLY SUPPORT STAFF		\$ 10.20	
	AVERAGE INSTRUCTOR		\$ 81.57	
	AVERAGE MANAGER		\$ 72.38	
	AVERAGE TECHNICIAN		\$ 39.19	
ABADZHYAN, SUSANNA	FC-FINANCIAL AID TECHNICIAN		\$ 36.48	\$ 37.63
ABUTIN, ALBERT	DEAN, Admissions & Records		\$ 75.85	\$ 80.40
ACIERNO, MICHAEL	WAREHOUSE COORDINATOR		\$ 46.59	\$ 46.48
ADAKAI, ERICKA	ADMINISTRATIVE ASSISTANT II		\$ 35.90	\$ 36.30
AGUIRRE, GRISELDA	Hrly - Clerical/Secretarial		\$ 8.12	\$ 8.29
AGUIRRE, MARIA	FINANCIAL AID TECHNICIAN		\$ 39.42	\$ 40.79
ALCARAZ, JOSE	FINANCIAL AID TECHNICIAN		\$ 44.64	\$ 41.15
ALDRETE, GUADALUPE	HOURLY CLERICAL/SECRETARIAL		\$ 9.28	
ALIBRANDI, LUCINDA	INSTRUCTOR-RETIRED 5/23/08		RETIRED	
COURTNEY, MARLENE	EVALULATOR SPECIALIST		\$ 45.79	\$ 47.60
ALMARAZ, ARTURO	CLERICAL ASSISTANT-1		\$ 38.53	\$ 38.25
ALTON, MEG	ADMISSIONS & RECORDS TECH		\$ 36.25	\$ 37.23

Six and Associates**MANDATE REIMBURSEMENT SERVICES**

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
ASAM, JOHN	HOURLY SUPPORT STAFF		\$ 11.49	
ATKINS, BLANCA	ADMISSIONS & RECORDS TECH		\$ 31.85	\$ 33.40
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE to Chancellor		\$ 67.25	\$ 68.23
BANDYOPADHYAY, SAN TANU	DIRECTOR, INST RESEARCH/ PLANNING			\$ 78.91
BARROW, LINDA	HUMAN RESOURCES SPECIALIST		\$ 55.51	\$ 56.05
BARTLETT, KIM	DIRECTOR, Disabled Student Pgms/Svs		\$ 84.12	\$ 84.18
BASS, JENNIFER	HOURLY - CLERICAL/SECRETARIAL		\$ 8.70	\$ 8.65
BEARD, CLAUDIA	ACCOUNT CLERK II		\$ 40.72	\$ 41.94
BECERRA, JUAN CARLOS	STUDENT HOURLY		\$ 8.13	
BECERRIL, SHELLY	HOURLY - CLERICAL/SECRETARIAL		\$ 11.19	\$ 10.84
BEELEER, RON	DIST. DIRECTOR-FACILITIES - retired 12/31/08		\$ 115.58	
BENNETT, BARBARA	INSTRUCTOR		\$ 69.30	\$ 72.02
BETTENDORF, PAM	ADMINISTRATIVE ASSISTANT III - retired 5/30/09		\$ 52.22	
BURCHFIELD, JERRY	INSTRUCTOR-RETIRED 5/22/09		\$ 76.92	
BUSTOS, RAYMOND	FINANCIAL AID TECHNICIAN		\$ 51.71	\$ 47.87
CALDERON-TENEZA, ROSELLE	FINANCIAL AID TECHNICIAN		\$ 43.37	\$ 40.87

Six and Associates**MANDATE REIMBURSEMENT SERVICES**

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
CANT, KAREN	VICE PRESIDENT, ADMINISTRATIVE SERVICES		\$ 104.00	\$ 104.90
CARNES, MATT	FACILITIES CUSTODIAN I		\$ 34.57	\$ 33.63
CARO, BARBARA	ADMISSIONS & RECORDS TECHNICIAN		\$ 48.00	\$ 46.71
CARRITHERS, JOSEPH	INSTRUCTOR		\$ 82.59	\$ 81.47
CHAMBERS, TERRY	BENEFITS COORDINATOR		\$ 43.74	\$ 42.54
CHANG, LY	EVALUATOR		\$ 40.52	\$ 39.12
COBB, KEITH	DIRECTOR, FINANCIAL AID		\$ 68.34	\$ 71.38
CORDELL, BRUCE	DIV DEAN, NATURAL SCIENCES		\$ 88.86	\$ 89.92
CORIA, YESSENIA	HOURLY SUPPORT STAFF		\$ 9.90	\$ 10.76
COTTER, SANDRA	EXECUTIVE ASSISTANT III		\$ 60.49	\$ 63.64
COTTON, ANTIONESE	ADMINISTRATIVE ASSISTANT II		\$ 41.65	\$ 41.14
CRAIG, DALE	INSTRUCTOR		\$ 94.87	\$ 95.92
CRÉASMAN, STEPHANIE	HOURLY - CLERICAL/SECRETARIAL		\$ 8.36	\$ 9.16
CRUZ, CARRIE	CLERICAL ASSISTANT I		\$ 36.36	\$ 35.41
DAILEY, NANCY	HUMAN RESOURCES SPECIALIST		\$ 49.26	\$ 51.21
DAIN, CLAUDETTE	DISTRICT DIRECTOR, FISCAL AFFAIRS		\$ 94.34	\$ 98.74

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
DAVIS, CHRISTY A.	ADMISSIONS & RECORDS SPECIALIST		\$ 41.90	\$ 41.11
DAXON, REGINA	INSTRUCTIONAL ASSISTANT; COMPUTER LAB		\$ 43.41	\$ 42.37
DEAN, BRIAN	ADMISSIONS & RECORDS TECHNICIAN		\$ 37.28	\$ 36.90
DeMARKEY, NINA	DIVISION DEAN, SOCIAL SCIENCES		\$ 86.78	\$ 89.05
DIESENBRUCH, ROSEMARY	ACCOUNTING TECHNICIAN		\$ 41.11	\$ 41.14
DO, DAO	OFFICE CCORDINATOR		\$ 47.43	\$ 48.03
DO, FIELD	EVALUATOR		\$ 54.05	\$ 43.53
DOFFONEY, NED	CHANCELLOR			\$ 160.18
DONLEY, STEVEN	DIVISION DEAN, CAR TECH ED/ECON DEV		\$ 98.67	\$ 98.43
DOOLY, GEORGE	COUNSELOR		\$ 72.89	\$ 73.42
DRISDOM, CHRIS	HOURLY- CLERICAL/SECRETARIAL		\$ 8.12	\$ 8.14
DUNCAN, STEPHEN	DISTRICT DIRECTOR, HUMAN RESOURCES		\$ 98.07	\$ 98.96
EBRIGHT, JAMI	ACCOUNT CLERK II			\$ 34.91
EDWARDS, ARNETTE	FINANCIAL AID TECHNICIAN		\$ 50.23	\$ 52.47
FANGMEYER, DANIEL	SKILLED MAINT ASSISTANT		\$ 36.53	\$ 35.72
FELIX, ANA	ADMISSIONS & RECORDS SPECIALIST		\$ 55.26	\$ 54.00

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

			FISCAL YEARS:	
Name	Title	% of Salary Pd from Restricted Funds	08-09	09-10
FIGHERA, CHRISTINE	DIRECTOR, PHYSICAL PLANT/FACILITIES			\$ 88.26
FISHMAN, DARLENE	DIRECTOR , NURSING		\$ 84.57	\$ 84.65
FITZGERALD, COLLEEN	HOURLY- CLERICAL/ SECRETARIAL		\$ 13.99	
FORD, REGINA	REGISTRAR		\$ 73.99	\$ 77.53
FOSTER, PATRICIA	ADMISSIONS & RECORDS COORDINATOR		\$ 64.96	\$ 62.98
FRANKS, JOSEPH	INSTRUCTOR		\$ 89.52	\$ 87.01
FUNAOKA, LISA	ADMISSIONS & RECORDS TECHNICIAN		\$ 39.15	\$ 37.92
GALVEZ, EVERADO	HOURLY - CLERICAL / SECRETARIAL		\$ 14.78	\$ 17.55
GAMBOA, JORGE	INTERIM MANAGER, SCE ESL/SPEC ED PRGRM		\$ 61.70	\$ 66.95
GARCIA, ADRIAN	HOURLY - CLERICAL/SECRETARIAL			\$ 8.12
GARCIA, ANA ROSA	FINANCIAL AID TECHNICIAN		\$ 30.05	\$ 29.76
GISKA, MARY LOUISE	DIRECTOR COLLEGE HEALTH SERVICES		\$ 72.93	\$ 75.75
GOMBER, BRIAN	SKILLED MAINT ASSISTANT		\$ 38.40	\$ 37.58
GOMBER,MONA LISA	ADMINISTRATIVE ASSISTANT III		\$ 54.27	\$ 52.95
GREENHALGH, MARK	DIV DEAN, MATH/COMPUTER SCIENCES		\$ 93.91	\$ 93.17
GREIN, CYNDI	MANAGER, CAMPUS ACCOUNTING		\$ 61.87	\$ 64.79

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
GRIMES, KELLY	EOPS PROGRAM COORDINATOR		\$ 59.77	\$ 56.71
GUZMAN, ELIZABETH	ADMISSIONS & RECORDS TECHNICIAN		\$ 43.55	\$ 40.35
HA, JACQUELINE	FINANCIAL AID TECHNICIAN		\$ 47.67	\$ 48.05
HALCOMB, JOHN	HOURLY - CLERICAL / SECRETARIAL		\$ 8.12	\$ 8.65
HARTER, RENIE	MANAGER, CAMPUS ACCTING		\$ 71.70	\$ 72.15
HEBSON, CHRISTINE	IT SPECIALIST/ SYSTEMS APPLICATION		\$ 65.65	\$ 63.65
HENRY, DIANE	DIVISION DEAN, PHYSICAL EDUCATION		\$ 94.93	\$ 95.03
HENRY, KEVIN	HOURLY - CLERICAL/ SECRETARIAL		\$ 13.23	\$ 13.39
HERNANDEZ PULIDO, ERANDIRA	HOURLY - CLERICAL/SECRETARIAL		\$ 8.97	\$ 9.62
HERNANDEZ, JERI	ADMINISTRATIVE ASSISTANT II		\$ 40.21	\$ 39.31
HERRERA, EDGAR ALEX	INSTRUCTOR		\$ 77.75	\$ 78.16
HINOJOS, ANTONIA	HOURLY - CLERICAL/ SECRETARIAL		\$ 9.61	\$ 10.29
HOBSON, TORI	HOURLY- CLERICAL / SECRETARIAL		\$ 9.35	
HODGE, KATHLEEN	VICE CHANCELLOR - INSTRUCTION			\$ 159.34
HORSLEY, JEFF	VICE CHANCELLOR, HUMAN RESOURCES		\$ 139.50	\$ 138.91
HORTON, LINDSAY	HOURLY - CLERICAL/SECRETARIAL		\$ 8.25	

Six and Associates**MANDATE REIMBURSEMENT SERVICES**

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
HUBBARD, VANIETHIA	DEAN, SCE INSTR/STUDENT SRVCS		\$ 72.97	\$ 77.58
HUYNH, JOHN	FINANCIAL AID TECHNICIAN		\$ 36.56	\$ 37.26
JENSEN,ROBERT	DIV DEAN, FINE ARTS		\$ 97.21	\$ 96.80
JIMENEZ, PETER	HOURLY - CLERICAL/ SECRETARIAL		\$ 9.70	
JONES, LaQUITA	FINANCIAL AID TECHNICIAN		\$ 33.44	\$ 34.51
KANAAN, JIHAD (JAY)	ACCOUNTING TECHNICIAN		\$ 46.63	\$ 45.43
KASLER, MIKE	PRESIDENT, CYPRESS COLLEGE		\$ 129.35	\$ 133.37
KIM, DAN-HO	HOURLY- CLERICAL/ SECRETARIAL		\$ 8.58	
LaHOOD, MATT	HOURLY STAFF		\$ 8.44	
LARSEN, DENISE	PROGRAM ASSISTANT/DSPS		\$ 68.45	\$ 69.91
LARSON, NANCY	OFFICE COORDINATOR		\$ 58.45	\$ 54.41
LEDEZMA, ELIZABETH	ADMISSIONS & RECORDS TECHNICIAN		\$ 34.21	\$ 34.51
LEE, PAT	DISTRICT MGR PAYROLL		\$ 74.92	\$ 76.04
LEOPOLD, MAUREEN	ACCOUNTING SPECIALIST		\$ 55.41	\$ 54.97
LEOPOLD, RYAN	HOURLY		\$ 8.12	\$ 8.14
LOPEZ, ERNESTO	HOURLY		\$ 8.12	\$ 8.13

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	08-09	09-10
LOUIE-JEU, KIM	EVALUATOR		\$ 41.48	\$ 40.92
LUCERO, CHERYL	FINANCIAL AID TECHNICIAN		\$ 42.92	\$ 36.37
LUDFORD, DEBORAH	DIRECTOR, INFORMATION SERVICES			\$ 95.73
LUSCH, ROD	SKILLED MAINTAINANCE MECH		\$ 54.88	\$ 53.24
LUVIANO, ELIZABETH	HOURLY		\$ 11.36	\$ 11.49
MAERTENS, TINA	CLERICAL ASSISTANT I		\$ 37.91	\$ 38.68
MAHONEY, LESLIE	ACCOUNT CLERK II		\$ 40.32	\$ 38.62
MAJDALI, UMAYLAH (EMILY)	HOURLY ACCOUNTING TECHNICIAN		\$ 55.58	
MARTINEZ, DELORES	ADMISSIONS & RECORDS TECHNICIAN		\$ 39.60	\$ 38.96
MASSE, AILED	HOURLY		\$ 9.27	\$ 9.68
MATTSON, CAROL	DEAN, ACADEMIC SERVICES		\$ 87.55	\$ 90.97
McCLOUD, EDWARD	INSTRUCTOR		\$ 95.74	\$ 78.34
MEDINA, FABIAN	HOURLY		\$ 9.25	\$ 9.68
MEINERT, GAIL A	REGISTRATION CLERK		\$ 24.81	\$ 25.86
MEINERT, SARAH	HOURLY		\$ 16.12	\$ 16.09
MELELLA, LAURA	INSTRUCTOR		\$ 91.68	\$ 93.43

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
MILLER, JOHN	ACCOUNTING TECHNICIAN		\$ 40.52	\$ 40.30
MIRANDA, ALBERT	DIRECTOR, PHYSICAL PLANT/ FACILITIES		\$ 94.56	\$ 93.40
MIRANDA, ROBERT	DEAN, STUDENT SUPPORT SERVICES		\$ 81.10	\$ 86.44
MIRANDA, MIGUEL	FACILITIES COORDINATOR		\$ 39.37	\$ 40.90
MIRANDA, SANDRA	EVALUATOR		\$ 37.66	
MONTANO, DIANE	MANAGER, CHILD CARECENTER		\$ 64.72	
MONTENEGRO, CHRISTY (SEE DAVIS)	ADMISSIONS & RECORDS TECHNICIAN			
MOORE, MICHAEL	INTERIM DEAN, TECHNOLOGY / ENERGY		\$ 81.73	\$ 82.05
MORALES, LISA	ACCOUNTING TECHNICIAN		\$ 45.29	\$ 44.08
MORGAN, ROBERT	FACILITIES CUSTODIAN II		\$ 34.23	\$ 32.66
MORISON, ROBERT	MGR, INSTR TECHNOLOGY SERVICES			\$ 76.74
MORRIS, CHARMAINE	HOURLY - CLERICAL/ SECRETARIAL			\$ 8.24
MORRISSEY, NICOLE	HOURLY		\$ 8.22	\$ 8.15
MOSLEY, AMELIA	CLERICAL ASSISTANT I		\$ 37.20	\$ 40.06
MURILLO, VANESSA	ACCOUNTING TECHNICIAN		\$ 33.65	\$ 36.35
NEGRETE, RENA	INTERIM REGISTRAR		\$ 44.14	\$ 57.63

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
NELSON, BRITTANY	HOURLY REGISTRATION		\$ 11.42	
NELSON, JANICE	BUSINESS OFFICE SPECIALIST		\$ 50.78	\$ 49.56
NGUYEN, COLE	HOURLY		\$ 8.12	\$ 8.14
NGUYEN, DUSTIN TUAN	ADMISSIONS & RECORDS SPECIALIST		\$ 46.30	\$ 45.11
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHN		\$ 85.71	\$ 95.17
NOVISOFF, ANNA MARIE	ADMIN ASSISTANT III		\$ 54.07	\$ 53.46
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE		\$ 96.53	\$ 99.15
OROPEZA, ELAINE	FINANCIAL AID TECHNICIAN		\$ 45.40	\$ 43.65
OROPEZA, LOURDES	FINANCIAL AID TECHNICIAN		\$ 49.45	\$ 48.45
PADILLA, JAYME	EVALUATOR		\$ 35.96	\$ 36.73
PALMER, SANDRA	EXECUTIVE ASSISTANT III		\$ 53.71	\$ 55.54
PARISI, TOM	DEAN, SCE INSTRUCTOR/STUDENT SERVICES		\$ 37.21	Retired
PATAKAS, JOHN (BRADSHAW)	ADMISSIONS & RECORDS TECHNICIAN		\$ 35.61	
PEREZ, DENISE	HOURLY - CLERICAL/ SECRETARIAL			\$ 9.29
PEREZ, GUY	FACILITIES ASSISTANT		\$ 34.35	\$ 33.56
PEREZ, JENNIFER	PUBLIC INFORMATION OFFICER		\$ 70.61	\$ 71.18

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
PEREZ, VERONIKA	HOURLY STAFF		\$ 9.18	
PIERCE, RITA	PROGRAM ASSISTANT		\$ 63.78	\$ 66.97
PLESCHER, SARAH	HOURLY - CLERICAL/ SECRETARIAL			\$ 8.12
PORTOLAN, JANET	VP, EDUCATION SUPPORT & PLANNING		\$ 102.30	\$ 116.55
POSNER, MARC	PUBLIC INFORMATION OFFICER		\$ 72.20	\$ 71.26
PURTELL, VALENTINA	DEAN, SCE INSTRUCTION/STUDENT SERVICES		\$ 75.74	\$ 80.37
QUAN, LINH	ACCOUNTING SPECIALIST		\$ 46.09	\$ 44.91
QUILIZAPA-TORRES, CLAUDIA	ADMISSIONS & RECORDS TECHNICIAN		\$ 31.77	\$ 32.75
RACANIELLO, JOE	ELECTRICIAN			\$ 56.37
RAMOS, AMANDA	CLERICAL ASSISTANT I		\$ 34.99	
REDD, LINDA	EVALUATOR		\$ 40.21	\$ 39.24
REHA, DELORES	INSTRUCTOR		\$ 80.63	\$ 88.37
REID, DENISE	ADMISSIONS & RECORDS TECHNICIAN		\$ 34.04	\$ 34.59
REZA, ALAN	FINANCIAL AID TECHNICIAN		\$ 55.90	\$ 48.79
RIOS, BRIANNA	HOURLY		\$ 8.22	\$ 8.12
ROBINSON, KENNETH I	DIRECTOR, EQUITY & DIVERSITY			\$ 83.73

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

			FISCAL YEARS:	
Name	Title	% of Salary Pd from Restricted Funds	08-09	09-10
RODGERS, CAROLANNE	INSTRUCTOR		\$ 95.44	\$ 128.25
ROSAS, JESSICA	HOURLY		\$ 8.12	\$ 8.14
RYAN, GREG	DIRECTOR, FINANCIAL AID & VETERANS SERVICES			\$ 65.43
SAGHAEI, AZAR	HOURLY		\$ 9.30	\$ 9.31
SALCEDO, DANIEL	ADMINISTRATIVE ASSISTANT I		\$ 37.87	\$ 38.05
SALDIVAR, DIGNA	HOURLY		\$ 8.47	\$ 8.12
SAMALA, BRITTANY	HOURLY		\$ 10.23	\$ 11.67
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT III		\$ 62.44	\$ 58.70
SANDOVAL, REBECA	FINANCIAL AID TECHNICIAN		\$ 47.01	\$ 47.38
SAUCEDO, ESTHER	HR SPECIALIST		\$ 51.26	\$ 53.00
SCHULZ, GREG	DEAN, SCE INSTRUCTOR / STUDENT SERVICES		\$ 86.86	LEFT DISTRICT
SCHWIEBERT, LAURIE	ADMINISTRATIVE ASSISTANT I		\$ 40.44	\$ 38.34
SEFRIED, DANIEL	IRRIGATION SPECIALIST		\$ 34.80	\$ 36.07
SHAH, MIHIR	HOURLY -CLERICAL/SECRETARIAL			\$ 8.12
SHAKERI, SIAVASH	HOURLY		\$ 8.12	\$ 8.14
SHRACK, AMY	ADMINISTRATIVE ASSISTANT II		\$ 39.47	\$ 41.79

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			08-09	09-10
SIERRA, JAVIER	MGR, MAINTENANCE / OPERATIONS			\$ 52.23
SIMPSON, ROBERT	EXECUTIVE VP		\$ 104.43	\$ 108.39
SMEAD, RICHARD	INSTRUCTOR		\$ 73.65	\$ 77.29
SMITH, FRANK	DIRECTOR ACAD. COMP TECHN		\$ 103.65	LEFT DISTRICT
SMITH, SHIRLEY	DIRECTOR, CAMPUS PUBLIC SAFETY		\$ 58.84	\$ 61.65
SPARGO, DEBORAH	ACCOUNTING TECHNICIAN		\$ 41.92	\$ 40.80
SPENCER, NORA	INSTRUCTOR		\$ 68.99	\$ 70.66
ST JOHN, PAUL	INSTRUCTOR		\$ 79.29	\$ 78.21
TAYLOR, CHRISTOPHER	IT SPEC SYS APPLICATION		\$ 63.57	\$ 61.27
TERRY, CHRISTINE	PROVOST		\$ 103.79	\$ 112.28
TESAR, DAN	DIVISION DEAN		\$ 96.02	\$ 96.17
THOMPSON, JEANNE	STUDENT SERVICES TECHNICIAN		\$ 43.30	\$ 39.82
TOM, STEPHEN	ADMISSIONS & RECORDS TECHNICIAN		\$ 30.57	\$ 37.17
TOPETE, ALBA	EXECUTIVE ASSISTANT II			\$ 49.01
TORRES-GUTIERREZ, MARTHA	INTERIM DEAN, SCE INST/STUDENT SERVICES		\$ 78.24	\$ 81.95
TRAN, KIMBERLY	FINANCIAL AID TECHNICIAN		\$ 42.63	\$ 43.69

Six and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

			FISCAL YEARS:	
Name	Title	% of Salary Pd from Restricted Funds	08-09	09-10
TRUONG, JASON	CLERICAL ASSISTANT I		\$ 37.18	
TUSHLA, NICOL	EVALUATOR		\$ 44.86	\$ 44.92
VARGAS, MIRNA	ACCOUNTING-SPECIALIST		\$ 42.21	\$ 41.37
VILLAROMAN, ANDREA	HOURLY		\$ 8.36	\$ 9.08
VILLEGAS, FATIMA	FINANCIAL AID TECHNICIAN		\$ 35.72	\$ 35.16
VYAS, KASHU	ACCOUNTING SPECIALIST		\$ 43.32	\$ 42.74
WALLACE NORING, CHRISTIE	DIRECTOR, PUBLIC AFFAIRS			\$ 142.45
WALLACE, TOM	MANAGER, IT TECHNICAL SUPPORT		\$ 85.59	\$ 86.82
WASSENAAR, DAVE	DIVISION DEAN, ADMISSIONS & RECORDS		\$ 94.95	\$ 95.15
WHITEHURST, DOROTHY	DISTRICT DIRECTOR, PURCHASING		\$ 77.71	\$ 78.70
WHITLOW, ZACHARY	HOURLY		\$ 9.29	\$ 9.85
WICKS, LORRAINE	MANAGER, SCE SENIORS PROGRAM		\$ 82.15	\$ 82.33
WILLIAMS, FRED	VICE CHANCELLOR, FINANCE & FACILITIES		\$ 103.72	\$ 135.27
WILLOUGHBY, DAN	DIVISION DEAN, HUMANITIES		\$ 95.92	\$ 96.03
WILSON, MARCUS	INSTRUCTOR		\$ 103.63	\$ 114.60
YOUNG, ELDON	DIV DEAN, LANGUAGE ARTS		\$ 94.25	\$ 94.13

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
P.O. Box 340430
Sacramento, CA 95834-0430
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbpsixten@aol.com

CLAIM FILE COPY

March 14, 2012

CERTIFIED MAIL #7001 0360 0000 5999 8553

Jay Lal, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Re: Annual Reimbursement Claim
North Orange County Community College District CC30105

Enclosed please find the original claim and an extra copy of the FAM-27 for North Orange County Community College District's reimbursement claim listed below:

Program 267	Enrollment Fee Collection and Waivers	2010-11
-------------	---------------------------------------	---------

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Diane J. Bramwell, Manager
Administrative Services



JOHN CHIANG
 California State Controller
 Division of Accounting and Reporting
 AUGUST 31, 2013

CC3005
 00267
 2013/08/31

BOARD OF TRUSTEES
 NORTH ORANGE CO COMM COLL DIST
 1830 W ROMNEYA DRIVE
 ANAHEIM CA 92801-1819

DEAR CLAIMANT:

RE: ENROLMT FEE COL&WAIV: TITLE 5-C

WE HAVE REVIEWED YOUR 2010/2011 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 898,202.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 898,202.00

TOTAL ADJUSTMENTS - 898,202.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DENNIS SPECIALE AT (916) 324-0254 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

RECEIVED
 SEP 04 2013
 CHANCELLOR'S OFFICE
 NOCCCD

SINCERELY,

JAY LAL, MANAGER

LOCAL REIMBURSEMENT SECTION
 P.O. BOX 942850 SACRAMENTO, CA 94250-5875

ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM FOR PAYMENT		For State Controller Use Only		Program 267
		(19) Program Number 00267	(20) Date Filed ___/___/___	
		(21) LRS Input ___/___/___		
(01) Claimant Identification Number CC30105		Reimbursement Claim Data		
(02) Claimant Name North Orange County Community College District		(22) FORM-1, (04) A. 1. a. (f)	956	
County of Location Orange County		(23) FORM-1, (04) A. 1. b. (f)	297	
Street Address or P.O. Box 1830 W. Romneya Drive		(24) FORM-1, (04) A. 2. a. (f)	733,548	
City Anaheim CA 92801-1819		(25) FORM-1, (04) B. 1. a. (f)	691	
		(26) FORM-1, (04) B. 1. b. (f)	297	
(03)	Type of Claim (09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (04) B. 2. a. (f)	18,125	
(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (04) B. 2. b. (f)	358,936	
(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (04) B. 2. c. (f)	691	
Fiscal Year of Cost (06)	(12) 2010-2011	(30) FORM-1, (06)	40	
Total Claimed Amount (07)	(13) \$ 898,202	(31) FORM-1, (07)	450,761	
Less : 10% Late Penalty (refer to attached instructions)	(14) \$ -	(32) FORM-1, (09)	181,239	
Less : Prior Claim Payment Received	(15) \$ -	(33) FORM-1, (10)	484,860	
Net Claimed Amount	(16) \$ 898,202	(34) FORM-1, (11)		
Due from State (08)	(17) \$ 898,202	(35) FORM-1, (12)		
Due to State	(18)	(36)		
(37) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount of this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer (USE BLUE INK)		Date Signed		
<i>Claudette E Dain</i>		3/12/12		
Claudette Dain, District Director, Fiscal Affairs		Telephone Number (714) 808-4751		
		E-mail Address cdain@noccdd.edu		
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number		
Claudette Dain, District Director, Fiscal Affairs		(714) 808-4751		
		E-mail Address cdain@noccdd.edu		
Name of Consulting Firm/Claim Preparer		Telephone Number		
SixTen and Associates		(858) 514-8605		
		E-mail Address kbpsixten@aol.com		

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS CLAIM SUMMARY					FORM 1
(01) Claimant: North Orange County Community College District				(02)		Fiscal Year 2010-2011
(03) Leave Blank						
Direct Costs		Object Accounts				
(04)		(a)	(b)	(c)	(d)	(e)
	Reimbursable Activities	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
		Total				
A. 1. Enrollment Fee Collection: One-Time Activities (Reimbursement begins 07/01/1998)						
a.	Preparing district policies & procedures for § IV.A.	\$ 955.65	\$ -	\$ -	\$ -	\$ 955.65
b.	Staff training (One time per employee)	\$ 296.99	\$ -	\$ -	\$ -	\$ 296.99
A. 2. Enrollment Fee Collection: Ongoing Activities (Reimbursement begins 07/01/1998)						
a.	Calculating and collecting enrollment fees	\$ 733,547.82	\$ -	\$ -	\$ -	\$ 733,547.82
B. 1. Enrollment Fee Waiver: One-Time Activities (Reimbursement begins 07/01/1999)						
a.	Preparing district policies & procedures for § IV.B.	\$ 691.00	\$ -	\$ -	\$ -	\$ 691.00
b.	Staff training (One time per employee)	\$ 296.99	\$ -	\$ -	\$ -	\$ 296.99
B. 2. Enrollment Fee Waiver: Ongoing Activities (Reimbursement begins 07/01/1999)						
a.	Adopting procedures, recording, and maintaining records	\$ 18,124.79	\$ -	\$ -	\$ -	\$ 18,124.79
b.	Waiving student fees	\$ 358,936.11	\$ -	\$ -	\$ -	\$ 358,936.11
c.	Reporting BOG fee waiver data to CCC	\$ 691.00	\$ -	\$ -	\$ -	\$ 691.00
(05)	Total Direct Costs	\$ 1,113,540.35	\$ -	\$ -	\$ -	\$ 1,113,540.35
Indirect Costs						
(06)	Indirect Cost Rate	<input type="checkbox"/> Federally approved rate OMB Circular A-21 <input checked="" type="checkbox"/> FAM-29C <input type="checkbox"/> Flat 7%				40.48%
(07)	Total Indirect Costs	[Refer to Claim Summary Instructions]				\$ 450,761.13
(08)	Total Direct and Indirect Costs	[Line (05)(f) + line (07)]				\$ 1,564,301.48
Cost Reduction						
(09)	Less: Enrollment Fee Revenue offset					\$ 181,239.00
(10)	Less: Enrollment Fee Waiver offsets					\$ 484,860.00
(11)	Less: Other Offsetting Revenues					\$ -
(12)	Less: Other Reimbursements					\$ -
(13)	Total Claimed Amount	[Line (08) - {line (09) + line (10) + line (11) + line (12)}]				\$ 898,202.48

Table 4: Indirect Cost Rate for Community Colleges

MANDATED COST INDIRECT COST RATE FOR COMMUNITY COLLEGE DISTRICTS					FORM FAM 29-C
(01) Claimant North Orange County Community College District			(02) Period of Claim 2010-2011		
Activity	EDP	Salaries and Benefits per CCFS-311	Operating Expenses per CCFS-311	Indirect-Salaries Benefits, and Operating Expenses	Direct-Salaries and Benefits only
Instructional Activities	599	\$ 79,426,644	\$ 2,115,171		\$ 79,426,644
Instruct. Admin. & Instruct. Governance	6000	14,215,219	659,886		14,215,219
Instructional Support Services	6100		-		
Admissions and Records	6200	10,316,472	1,560,300		10,316,472
Student Counseling and Guidance	6300	8,600,215	214,229		8,600,215
Other Student Services	6400	8,915,874	739,460		8,915,874
Operation and Maintenance of Plant	6500	10,719,465	6,274,272	16,993,737	
Planning, Policy Making, and Coordination	6600	3,781,048	877,512	4,658,560	
General Institutional Support Services	6700				
Community Relations	6710	783,494	269,658	1,053,152	
Fiscal Operations	6720	3,043,011	404,819	3,447,830	
Human Resources Management	6730	1,162,952	168,449	1,331,401	
Non-instructional Staff Retirees' Benefits and Retirement Incentives	6740	2,663,531	-	2,663,531	
Staff Development	6750	152,067	49,102	201,169	
Staff Diversity	6760	160,990	37,468	198,458	
Logistical Services	6770	3,064,648	221,608	3,286,256	
Management Information Systems	6780	2,984,368	648,255	3,632,623	
General	6790	1,066,250	64,601	1,130,851	
Community Services and Economic Development	6800	2,174,263	1,004,953		2,174,263
Ancillary Services	6900	1,706,496	160,593		1,706,496
Auxiliary Operations	7000	189,067	285,712		189,067
Depreciation - Building				10,799,070	
Depreciation - Equipment				1,424,517	
Totals		\$ 155,126,074	\$ 15,756,048	\$ 50,821,155	\$ 125,544,250
				(A)	(B)
Indirect Cost Rate (A)/(B)				40.48%	

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02) Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input checked="" type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses Object Accounts

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Prepare/revise district policies and procedures for collection of enrollment fees							
Ryan, Greg Director, Financial Aid	\$69.10	10.0	\$ 691.00				
Sandoval, Rebecca Financial Aid Specialist	\$52.93	5.0	\$ 264.65				
(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 955.65	\$ -	\$ -	\$ -	\$ -

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02) 	Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only **one** box per form to identify the activity being claimed:

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Train district staff or attend training to implement procedures for enrollment fees collection							
Ryan, Greg Director, Financial Aid	\$69.10	2.0	\$ 138.20				
Sandoval, Rebecca Financial Aid Specialist	\$52.93	3.0	\$ 158.79				
(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 296.99	\$ -	\$ -	\$ -	\$ -

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02) 	Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input checked="" type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Answering student's questions regarding enrollment fee collection Enrollment Office Staff Collecting Fees	\$39.43	6,291.8	\$ 248,085.67				
Calculating total enrollment fee to be collected Enrollment Office Staff Collecting Fees	\$39.43	3,117.1	\$ 122,907.25				
Collecting delinquent enrollment fees, or turning over accounts to collection agencies Enrollment Office Staff Collecting Fees	\$39.43	119.1	\$ 4,696.11				
Providing refund of enrollment fees paid to students establishing fee waiver after enrollment Enrollment Office Staff Collecting Fees	\$39.43	583.8	\$ 23,019.23				
Referencing student accounts and records Enrollment Office Staff Collecting Fees	\$39.43	5,842.4	\$ 230,365.83				
Updating written and computer records for enrollment fee information Enrollment Office Staff Collecting Fees	\$39.43	2,649.6	\$ 104,473.73				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 733,547.82	\$ -	\$ -	\$ -	\$ -
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Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02)	Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input checked="" type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services	(g) Fixed Assets	(h) Travel and Training
Train district staff or attend training to implement procedures for waiver eligibility determination							
Ryan, Greg Director, Financial Aid	\$69.10	2.0	\$ 138.20				
Sandoval, Rebecca Financial Aid Specialist	\$52.93	3.0	\$ 158.79				
(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 296.99	\$ -	\$ -	\$ -	\$ -

Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02)	Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input checked="" type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Adopting procedures for documenting financial assistance, recording, and record maintenance							
Ryan, Greg Director, Financial Aid	\$69.10	260.0	\$ 17,966.00				
Sandoval, Rebecca Financial Aid Specialist	\$52.93	3.0	\$ 158.79				

(05)	Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 18,124.79	\$ -	\$ -	\$ -	\$ -
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Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02)	Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only **one** box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input checked="" type="checkbox"/> Waiving Student Fees</p> <p><input type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Answering student's questions regarding enrollment fee waivers/referring to appropriate person Financial Aid Staff Waiving Fees	\$39.09	1,415.3	\$ 55,324.08				
Entering approved application information into district records; providing student award letter Financial Aid Staff Waiving Fees	\$39.09	3,003.2	\$ 117,395.09				
Evaluating waiver applications and verifying application documents Financial Aid Staff Waiving Fees	\$39.09	2,865.2	\$ 112,000.67				
Receiving waiver applications Financial Aid Staff Waiving Fees	\$39.09	1,898.6	\$ 74,216.27				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 358,936.11	\$ -	\$ -	\$ -	\$ -
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Program 267	ENROLLMENT FEE COLLECTION AND WAIVERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant North Orange County Community College District	(02)	Fiscal Year 2010-2011
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<p>A. 1. Enrollment Fee Collection: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. A.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>A. 2. Enrollment Fee Collection: Ongoing Activity</p> <p><input type="checkbox"/> Calculating and Collecting Enrollment Fees</p>	<p>B. 1. Enrollment Fee Waiver: One-Time Activities</p> <p><input type="checkbox"/> Prepare District Policies & Procedures for § IV. B.</p> <p><input type="checkbox"/> Staff Training (One Time per Employee)</p> <p>B. 2. Enrollment Fee Waiver: Ongoing Activities</p> <p><input type="checkbox"/> Adopting Procedures, Recording, and Maintaining Records</p> <p><input type="checkbox"/> Waiving Student Fees</p> <p><input checked="" type="checkbox"/> Reporting BOG Fee Waiver Data to CCC</p>
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(04) Description of Expenses	Object Accounts						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Travel and Training
Reporting to College Chancellor number of and amounts provided for BOG fee waivers Ryan, Greg Director, Financial Aid	\$69.10	10.0	\$ 691.00				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page 1 of 1	\$ 691.00	\$ -	\$ -	\$ -	\$ -
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North Orange County Community College District
 308/95 ENROLLMENT FEE COLLECTIONS/WAIVERS
 2010-2011
 Sort by Name

Date	Hours	Employee Name	Title	PHR	Salary	Activity	Component
10-11	5,842.40	Enrollment Office Staf	Collecting Fees	\$39.43	\$230,365.83	Referencing student accounts and records	Calculating and collecting enrollment fees
10-11	3,117.10	Enrollment Office Staf	Collecting Fees	\$39.43	\$122,907.25	Calculating total enrollment fee to be collected	Calculating and collecting enrollment fees
10-11	6,291.80	Enrollment Office Staf	Collecting Fees	\$39.43	\$248,085.67	Answering student's questions regarding enrollment fee collection	Calculating and collecting enrollment fees
10-11	2,649.60	Enrollment Office Staf	Collecting Fees	\$39.43	\$104,473.73	Updating written and computer records for enrollment fee information	Calculating and collecting enrollment fees
10-11	119.10	Enrollment Office Staf	Collecting Fees	\$39.43	\$4,696.11	Collecting delinquent enrollment fees, or turning over accounts to collection agencies	Calculating and collecting enrollment fees
10-11	583.80	Enrollment Office Staf	Collecting Fees	\$39.43	\$23,019.23	Providing refund of enrollment fees paid to students establishing fee waiver after enrollment	Calculating and collecting enrollment fees
	18,603.80	Enrollment Office Staff Total			\$733,547.82		
10-11	1,415.30	Financial Aid Staff	Waiving Fees	\$39.09	\$55,324.08	Answering student's questions regarding enrollment fee waivers/referring to appropriate person	Waiving student fees
10-11	1,898.60	Financial Aid Staff	Waiving Fees	\$39.09	\$74,216.27	Receiving waiver applications	Waiving student fees
10-11	2,865.20	Financial Aid Staff	Waiving Fees	\$39.09	\$112,000.67	Evaluating waiver applications and verifying application documents	Waiving student fees
10-11	3,003.20	Financial Aid Staff	Waiving Fees	\$39.09	\$117,395.09	Entering approved application information into district records; providing student award letter	Waiving student fees
	9,182.30	Financial Aid Staff Total			\$358,936.11		
10-11	10.00	Ryan, Greg	Director, Financial Aid	\$69.10	\$691.00	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
10-11	10.00	Ryan, Greg	Director, Financial Aid	\$69.10	\$691.00	Prepare/revise district policies and procedures for waiver eligibility determination	Preparing district policies & procedures for § IV.B.
10-11	2.00	Ryan, Greg	Director, Financial Aid	\$69.10	\$138.20	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
10-11	2.00	Ryan, Greg	Director, Financial Aid	\$69.10	\$138.20	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
10-11	260.00	Ryan, Greg	Director, Financial Aid	\$69.10	\$17,966.00	Adopting procedures for documenting financial assistance, recording, and record maintenance	Adopting procedures, recording, and maintaining record
10-11	10.00	Ryan, Greg	Director, Financial Aid	\$69.10	\$691.00	Reporting to College Chancellor number of and amounts provided for BOG fee waivers	Reporting BOG fee waiver data to CCC
	294.00	Ryan, Greg Total			\$20,315.40		
10-11	5.00	Sandoval, Rebecca	Financial Aid Specialist	\$52.93	\$264.65	Prepare/revise district policies and procedures for collection of enrollment fees	Preparing district policies & procedures for § IV.A.
10-11	3.00	Sandoval, Rebecca	Financial Aid Specialist	\$52.93	\$158.79	Train district staff or attend training to implement procedures for enrollment fees collection	Staff training - enrollment fee collection
10-11	3.00	Sandoval, Rebecca	Financial Aid Specialist	\$52.93	\$158.79	Train district staff or attend training to implement procedures for waiver eligibility determination	Staff training - enrollment fee waiver
10-11	3.00	Sandoval, Rebecca	Financial Aid Specialist	\$52.93	\$158.79	Adopting procedures for documenting financial assistance, recording, and record maintenance	Adopting procedures, recording, and maintaining record
	14.00	Sandoval, Rebecca Total			\$741.02		
	28,094.10	Grand Total			\$1,113,540.35		

Schedule 1A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Collection Functions.
 Source: Schedules 2 and 4.
 Findings:

*EFC 1	89,883
Avg. time p/account	<u>3.9</u>
Total Time (in minutes)	350543.7
Per Hour	<u>60</u>
Hours Worked (** Activity 11)	<u>5,842.4</u>
*EFC 2	46,757
Avg. time p/student	<u>4.0</u>
Total Time (in minutes)	187028
Per Hour	<u>60</u>
Hours Worked (** Activity 12)	<u>3,117.1</u>
*EFC 1	89,883
Avg. time p/question	<u>4.2</u>
Total Time (in minutes)	377508.6
Per Hour	<u>60</u>
Hours Worked (** Activity 13)	<u>6,291.8</u>
*EFC 2	46,757
Avg. time p/file	<u>3.4</u>
Total Time (in minutes)	158973.8
Per Hour	<u>60</u>
Hours Worked (** Activity 14)	<u>2,649.6</u>
*EFC 4	1036
Avg. time p/account	<u>6.9</u>
Total Time (in minutes)	7148.4
Per Hour	<u>60</u>
Hours Worked (** Activity 15)	<u>119.1</u>
*EFC 5	8544
Avg. time p/student	<u>4.1</u>
Total Time (in minutes)	35030.4
Per Hour	<u>60</u>
Hours Worked (** Activity 16)	<u>583.8</u>

*EFC Workload Multiplier

- EFC 1 - Total number of students who enroll in the college
- EFC 2 - Total number of students who paid enrollment fees
- EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)
- EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

**Activity Codes

- 11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.
- 12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.
- 13 - Answer Questions and/or referring student to the appropriate person for an answer.
- 14 - Updating Student File for the enrollment fee information, and providing a copy to the student.
- 15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)
- 16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Conclusion: Findings will go forward to the EFCW FORM-2.

Schedule 1B
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Time Summary

Purpose: To calculate the time worked on Enrollment Fee Waiver Functions.

Source: Schedules 3 and 4.

Findings:

*EFW 6	20,712
Avg. time p/question	4.1
Total Time (in minutes)	<u>84919.2</u>
Per Hour	60
Hours Worked (** Activity 21)	<u>1,415.3</u>

*EFW 6	20,712
Avg. time p/application	5.5
Total Time (in minutes)	<u>113916</u>
Per Hour	60
Hours Worked (** Activity 22)	<u>1,898.6</u>

*EFW 6	20,712
Avg. time p/evaluation	8.3
Total Time (in minutes)	<u>171909.6</u>
Per Hour	60
Hours Worked (** Activity 23)	<u>2,865.2</u>

*EFW 8	
Avg. time p/application	6.9
Total Time (in minutes)	<u>0</u>
Per Hour	60
Hours Worked (** Activity 24)	<u>0.0</u>

*EFW 7	20,712
Avg. time p/application	8.7
Total Time (in minutes)	<u>180194.4</u>
Per Hour	60
Hours Worked (** Activity 25)	<u>3,003.2</u>

*EFW 8	
Avg. time p/application	7.3
Total Time (in minutes)	<u>0</u>
Per Hour	60
Hours Worked (** Activity 26)	<u>0.0</u>

*EFW Workload Multiplier

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Conclusion: Findings will go forward to the EFCW FORM-2.

How long did it take you to fill out this form? 5 mnts.

EFCW 1.6B

**Employee Annual SUMMARY Time Record Sheet for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ADMINISTRATIVE ACTIVITIES**

District: Nocccd
Employee Name (Print): Greg Ryan Exact Position Title: Director, financial aid
College/Department/Location: Fullerton College (FA office) Telephone #: (714) 992-7092 Work year length: 12mo/11mo/10mo/hrly

Typical Reimbursable Activities:

FISCAL YEARS- Report time in hours
10-11 11-12 12-13

Code 1 Policies and Procedures: Time spent by staff to prepare and update policies and procedures:

A. Enrollment Collection Process: 10 30

B. Enrollment Waiver Process: 10 30

Code 2 Staff Training: Time spent by staff to conduct or attend training to implement the mandate.

A. Enrollment Collection Process: 2 8

B. Enrollment Waiver Process: 2 8

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.

260 260

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.

10 10

TOTAL HOURS:

312 346

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: Greg Ryan

Date: 10/31/11

If you have any questions, please contact Greg Ryan, at 714-992-7092

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.6B

Employee Annual SUMMARY Time Record Sheet for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ADMINISTRATIVE ACTIVITIES

District: NOCED

Rebecca Sandoral
Employee Name (Print)

Fin. Aid Specialist
Exact Position Title

(714) 484-7119 Fin. Aid/CC
College/Department/Location Telephone #

12mo/11mo/10mo/hrly
Work year length

Typical Reimbursable Activities:

FISCAL YEARS- Report time in hours

10-11 11-12 12-13

Code 1 Policies and Procedures: Time spent by staff to prepare and update policies and procedures:

A. Enrollment Collection Process: 5 hrs.

B. Enrollment Waiver Process: N/A

Code 2 Staff Training: Time spent by staff to conduct or attend training to implement the mandate.

A. Enrollment Collection Process: 3 hrs.

B. Enrollment Waiver Process: 3 hrs.

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.

5 hrs.

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.

N/A

TOTAL HOURS:

14

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 Rebecca Sandoral Date 9/9/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 2
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2010-2011
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Collection Functions.

Source: EFCW 1.7-2.

Findings:

Staff	Title	*EFC Workload Multiplier					
		1	2	1	2	4	5
		**Activity Codes					
		11	12	13	14	15	16
Abadzhyan, Susanna	Financial Aid Technician	1.0	1.0	2.0	1.0		2.0
Aguirre, Maria G.	Financial Aid Technician	1.0	2.0	2.0	1.0		2.0
Alcaraz, Jose C.	Financial Aid Technician	7.0		10.0			
Alton, Meg	A&R Technician	1.0	4.0	3.0	3.0		
Atkins, Blanca	A&R Technician	3.0	3.0	3.0	2.0		
Baeza, Megan	Student Hourly	2.0	2.0	2.0	1.0	3.0	3.0
Beard, Claudia	Account Clerk	10.0	8.0	15.0	5.0	20.0	10.0
Bustos, Raymond	Financial Aid Technician	5.0					
Calderon-Teneza, Roselle	Financial Aid Technician	8.0	8.0	3.0	5.0	7.0	6.0
Caro, Barbara	A&R Technician	1.0	1.0	2.0	3.0	1.0	1.0
Chang, Ly T.	Evaluator	7.5	7.5	7.5	7.5		
Cobb, Keith	Director, Financial Aid	6.0	6.0	8.0	4.0	10.0	5.0
Conner, Kevin	Student Hourly	2.0	2.0	2.0	1.0	3.0	2.0
Courtney, Marlene	Evaluator Specialist	2.0	4.0	3.0	3.0		
Cruz, Carrie	Clerical Assistant	5.0		10.0	5.0		
Davis, Christy	A&R Specialist	15.0	10.0	15.0	15.0		
Dean, Brian	A&R Technician	3.0					
Do, Field	Evaluator	1.0		1.0			
Do, Nghia M.	Accounting Technician	8.0	8.0	10.0	5.0	10.0	5.0
Do, Xuan Dao T.	Manager, Accounting	2.0	3.0	4.0	2.0	5.0	3.0
Duarte, Sherry	Accounting Technician			1.0			
Ebright, Jami	Account Clerk	4.0	3.0	1.0	2.0	15.0	2.0
Edwards, Arnette	Financial Aid Specialist	5.0	6.0	10.0	7.0	10.0	10.0
Esparza, Christian	Work Study	3.0	5.0	5.0	3.0		3.0
Felix, Ana	A&R Specialist	3.0	2.0	2.0	2.0	3.0	3.0
Ford, Regina	Registrar	2.0	1.0	5.0	3.0		
Gonzales, Vanessa	Accounting Technician	3.0	5.0	5.0	3.0	20.0	10.0
Grein, Cyndi	Manager, Accounting	2.0	3.0	3.0	3.0	4.0	3.0
Guillen-Soto, Teresita	Financial Aid Technician	8.0		5.0			
Gutierrez, Karina	Student Hourly	3.0	3.0	5.0	3.0	3.0	2.0
Guzman, Elizabeth A.	Interim Admin. Assistant	2.0	2.0	2.0	1.0	3.0	3.0
Ha, Jackie	Student Services Technician	10.0	7.0	15.0	5.0	10.0	
Hernandez, Jeri L.	Administrative Assistant	3.0	4.0	5.0	3.0		
Hinojos, Kathryn	Student Hourly	2.0	1.0	2.0	1.0		
Jenkins, Sabrina	A&R Specialist	3.0	2.0	2.0	2.0	2.0	2.0
Jones, LaQuinta	Financial Aid Technician	7.0	5.0	6.0	7.0	8.0	5.0
Kanaan, Jay	Accounting Technician	5.0	10.0	1.0	6.0	***35	5.0
Ledezma, Elizabeth	Technician	3.0	3.0	2.0	2.0	3.0	2.0
Leopold, Maureen	Accounting Specialist	6.0	7.0	5.0	7.0	10.0	11.0
Louie-Jeu, Kim	Evaluator	1.0		1.0			
Mahoney, Leslie	Sr. Account Clerk	2.0		2.0		5.0	2.0
Martinez, Delores	Technician	3.0	3.0	3.0	2.0	3.0	3.0
Masayeva, Darren	Student Hourly	3.0	3.0	2.0	2.0	3.0	
Miller, John W.	Accounting Technician	3.0	3.0	1.0	2.0	18.0	2.0

Schedule 2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Time Study

Staff	Title	*EFC Workload Multiplier					
		1	2	1	2	4	5
		**Activity Codes					
		11	12	13	14	15	16
Miranda, Sandra	Evaluator	1.0	2.0	1.0	2.0		
Mojican Stone, Claudia	Student Services Specialist			5.0			
Morales, Karina	Cashier/Registration Clerk	3.0	3.0	3.0	3.0	4.0	5.0
Morales, Lisa	Accounting Technician	7.0	1.0	8.0	7.0	***25	15.0
Morris, Charmaine	Student Hourly	2.0	4.0	2.0	1.0	3.0	1.0
Mosley, Amelia	Clerical Assistant			5.0	5.0		
Nguyen, Dustin Tuan	Specialist	3.0	5.0	2.0	3.0		
Oropeza, Elaine	Financial Aid Technician	1.0	1.5	2.0	2.0		2.0
Oropeza, Lourdes F.	Financial Aid Technician	8.0		10.0			
Padilla, Jayme	Evaluator	2.0		1.0			
Plescher, Sarah	Student Hourly	2.0	2.0	2.0	1.0	3.0	1.0
Quan, Linh	Accounting Specialist	1.0		1.0			2.0
Quilizapa, Claudia	A&R Technician	4.0	3.0	3.0	3.0	3.0	3.0
Redd, Linda	Evaluator	5.0	10.0	5.0	5.0		
Reid, Denise	A&R Technician	3.0	3.0	2.0	2.0	3.0	5.0
Reza, Alan	Financial Aid Specialist	7.0	7.0	9.0	4.0	12.0	6.0
Reza, Garrett	Clerical Assistant	3.0	3.0	2.0	3.0		
Rosa Garcia, Ana	Clerical Assistant	7.0	5.0	5.0	5.0		3.0
Ryan, Greg	Director, Financial Aid	5.0	1.0	5.0	1.0		3.0
Sandoval, Rebeca	Financial Aid Specialist	3.0	3.0	2.0	2.0		
Schwiebert, Laurie	Administrative Assistant	2.0		1.0			1.0
Solis, Samantha	Student Hourly	3.0		3.0			
Thompson, Jeanne	Student Services Technician	2.0		5.0			
Tom, Stephen	A&R Technician	3.0	3.0	3.0	3.0		
Tran, Kimberly	Financial Aid Technician	4.0	3.0	5.0	2.0		4.0
Tushla, Nicole	Evaluator	5.0		2.0			
Villegas, Fatima	Financial Aid Technician			1.0			
Average		3.9	4.0	4.2	3.4	6.9	4.1

***Average not used.

*EFC Workload Multiplier

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

**Activity Codes

11 - Reference the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.

12 - Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.

13 - Answer Questions and/or referring student to the appropriate person for an answer.

14 - Updating Student File for the enrollment fee information, and providing a copy to the student.

15 - Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)

16 - Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.

Conclusion: Findings go forward to Schedule 1A.

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Average PHR

Purpose: To calculate the average PHR for Admissions and Records staff.

Source: North Orange County CCD PHR list.

Findings:

Staff	Title	10-11
Abadzhyan, Susanna	Financial Aid Technician	40.01
Aguirre, Maria G.	Financial Aid Technician	
Alcaraz, Jose C.	Financial Aid Technician	42.38
Alton, Meg	A&R Technician	39.39
Atkins, Blanca	A&R Technician	35.52
Baeza, Megan	Student Hourly	8.18
Beard, Claudia	Account Clerk	44.71
Bustos, Raymond	Financial Aid Technician	48.62
Calderon-Teneza, Roselle	Financial Aid Technician	
Caro, Barbara	A&R Technician	51.98
Chang, Ly T.	Evaluator	39.82
Cobb, Keith	Director, Financial Aid	75.02
Conner, Kevin	Student Hourly	8.15
Courtney, Marlene	Evaluator Specialist	50.34
Cruz, Carrie	Clerical Assistant	36.96
Davis, Christy	A&R Specialist	42.00
Dean, Brian	A&R Technician	39.06
Do, Field	Evaluator	46.29
Do, Nghia M.	Accounting Technician	
Do, Xuan Dao T.	Manager, Accounting	56.33
Duarte, Sherry	Accounting Technician	39.54
Ebright, Jami	Account Clerk	36.75
Edwards, Arnette	Financial Aid Specialist	46.07
Esparza, Christian	Work Study	
Felix, Ana	A&R Specialist	
Ford, Regina	Registrar	78.51
Gonzales, Vanessa	Accounting Technician	39.40
Grein, Cyndi	Manager, Accounting	68.03
Guillen-Soto, Teresita	Financial Aid Technician	40.01
Gutierrez, Karina	Student Hourly	8.73
Guzman, Elizabeth A.	Interim Admin. Assistant	41.01
Ha, Jackie	Student Services Technician	48.77
Hernandez, Jeri L.	Administrative Assistant	39.98
Hinojos, Kathryn	Student Hourly	8.15
Jenkins, Sabrina	A&R Specialist	47.08
Jones, LaQuinta	Financial Aid Technician	
Kanaan, Jay	Accounting Technician	46.04
Ledezma, Elizabeth	Technician	36.38
Leopold, Maureen	Accounting Specialist	55.49
Louie-Jeu, Kim	Evaluator	42.01
Mahoney, Leslie	Sr. Account Clerk	40.54
Martinez, Delores	Technician	40.38
Masayeva, Darren	Student Hourly	9.26
Miller, John W.	Accounting Technician	42.03

Schedule 2A
 North Orange County Community College
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Average PHR

Staff	Title	10-11
Miranda, Sandra	Evaluator	39.15
Mojican Stone, Claudia	Student Services Specialist	
Morales, Karina	Cashier/Registration Clerk	8.79
Morales, Lisa	Accounting Technician	44.08
Morris, Charmaine	Student Hourly	8.62
Mosley, Amelia	Clerical Assistant	39.16
Nguyen, Dustin Tuan	Specialist	51.25
Oropeza, Elaine	Financial Aid Technician	44.41
Oropeza, Lourdes F.	Financial Aid Technician	
Padilla, Jayme	Evaluator	38.89
Plescher, Sarah	Student Hourly	8.20
Quan, Linh	Accounting Specialist	45.68
Quillizapa, Claudia	A&R Technician	34.85
Redd, Linda	Evaluator	39.85
Reid, Denise	A&R Technician	36.78
Reza, Alan	Financial Aid Specialist	49.95
Reza, Garrett	Clerical Assistant	30.30
Rosa Garcia, Ana	Clerical Assistant	32.90
Ryan, Greg	Director, Financial Aid	69.10
Sandoval, Rebeca	Financial Aid Specialist	52.93
Schwiebert, Laurie	Administrative Assistant	
Solis, Samantha	Student Hourly	8.12
Thompson, Jeanne	Student Services Technician	43.29
Tom, Stephen	A&R Technician	34.45
Tran, Kimberly	Financial Aid Technician	
Tushla, Nicole	Evaluator	46.39
Villegas, Fatima	Financial Aid Technician	
Average		39.43

A: Used average PHR.

NOTE: Staff with missing PHRs were paid with 100% Restricted Funds.

Conclusion: Findings go forward to EFCW FORM-2.

How long did it take you to fill out this form? 1

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Financial Aid/Fullerton College
Department/Location

Susanna Abadzhyan
Employee Name (Print)

Financial Aid Technician
Exact Position Title

71432-5276 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Susanna Abadzhyan

Date 10/28/2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

North Orange County Comm College Dist
District

F40/Fullerton
Department/Location

Marcia G. Aguirre
Employee Name (Print)

Financial Aid, Technician
Exact Position Title

7-732-5277
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	NA					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 M. Aguirre

Date 10-28-2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
Jose C. Alcaraz
Employee Name (Print)

Financial Aid Office / FC
Department/Location
Financial Aid Technician
Exact Position Title

714 732-5278 (2mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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.

Employee Signature [Signature] Date 10/28/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD Department/Location Admissions & Records / CC
 Employee Name (Print) Mez Alton Exact Position Title Admissions and Records Technician
 Telephone # (714) 874-7349 Work year length(circle) (12mo/11mo/10mo/hrlly) Fiscal Year: (10-11 11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Mez Alton Date November 2, 2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions and Records / CC
Department/Location

Blanca Atkins
Employee Name (Print)

Admissions and Records Technician
Exact Position Title

X 47409 (2mo) 11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Blanca Atkins Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location Admissions & Records/PC

Employee Name (Print) Megan Boeza

Exact Position Title Student Hourly

Telephone # (714) 992-7075

Fiscal Year: 10-11 11-12 12-13

Work year length(circle) 12mo/11mo/10mo/hrly

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	2					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	1					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 [Signature]

Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Bursar's Office / FC

Employee Name (Print) Claudia Beard

Exact Position Title Account Clerk II

Telephone # (714) 732-5030 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record. <u>During refund period</u>	10					

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 Claudia Beard

Date 10-28-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N.O.C.C.C.A
District

Financial Aid Office/FC
Department/Location

Raymond Bustos
Employee Name (Print)

Financial Aid Technician
Exact Position Title

714 732 5279 (12)mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>5 mins to 30 mins</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>⓪</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.						
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>⓪</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>⓪</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>⓪</u>					

using 5 mins for the code

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 Raymond Bustos

Date 07.28.2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 mins

EFCW: 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCO Department/Location FINANCIAL AID / CAC
 Employee Name (Print) ROSELYN CAUDRON-TENEZA Exact Position Title FINANCIAL AID TECH
 Telephone # 714) 484-7114 Work year length(circle) (12mo) 11mo/10mo/hrly Fiscal Year: (10-11) (11-12) 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	7					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	11					

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 [Signature] Date 11/09/11

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

HOCCCD
District

Admissions/Records - FC
Department/Location

Barbara Caro
Employee Name (Print)

Admission Tech
Exact Position Title

714 732-5735
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student. <u>Research</u>	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	1					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Barbara Caro

Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? ~3 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCEED
District LY T. CHANSEY Department/Location ADMISSIONS - RECORDS / CC
Employee Name (Print) EMILIA VIZ Exact Position Title
47427 Telephone # 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5-10					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5-10					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5-10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5-10					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 11/2/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 6

EFCW: 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Financial Aid CC

Employee Name (Print) Keith Cobb

Exact Position Title Director of Financial Aid

Telephone # 484-7116

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	6					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Keith Cobb

Date 11/08/2011

If you have any questions, please contact Keith Cobb at 484-7116

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions + Records/FC
Department/Location

Kevin Conner
Employee Name (Print)

Student Hourly
Exact Position Title

714-992-7075 2mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	2					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	1					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Kevin Conner Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location Admissions & Records /CC
 Employee Name (Print) Marlene Courtney Exact Position Title Evaluator Specialist
 Telephone # 47433 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Marlene Courtney Date 11/3/2011

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

How long did it take you to fill out this form? 10

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

Nocero
District

Fin aid Fullerton College
Department/Location

Carrie Cruz
Employee Name (Print)

Clerical Asst.
Exact Position Title

7149927091 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	10					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	5					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 10-28-2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions & Records / Cypress
Department/Location

Christy DAVIS
Employee Name (Print)

Admissions & Records Specialist
Exact Position Title

47348
Telephone #

(2mo) 11mo/10mo/hrly
Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	15					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	15					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature]

Date 11/2/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 60 sec

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NoCCCO
District

Admissions and Records / CC
Department/Location

Brian Orar
Employee Name (Print)

Admissions and Records Technician
Exact Position Title

47344
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: (10-11) 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>N/A</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>N/A</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>N/A</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 [Signature]

Date 11.2.11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

North Orange County Community College District District Admissions & Records / Fullerton College Department/Location

Field Do Employee Name (Print) Evaluator Exact Position Title

(914) 932-5948 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: (10-11) (11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 10 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

N.O.C.C.C.D
District

Financial Aid / Cypress College
Department/Location

Nghia M. Do
Employee Name (Print)

Accounting Technician
Exact Position Title

(714) 484-7054 Telephone #
12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	8					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature]

Date 11/08/2011

If you have any questions, please contact Neil Do at (714) 484-7054

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Cypress College - Busar Office

Employee Name (Print) Xuan Dao T. Do

Exact Position Title Campus Accounting Manager

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	4					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					✓

40% of Student

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 [Signature]

Date 11/14/2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 6 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Financial Aid / Building 100 / #6

Employee Name (Print) Sherry Duarte

Exact Position/Title Accounting Technician

Telephone # 714-732-5275 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>0</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>0</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>0</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>0</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>0</u>					

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 Sherry Duarte

Date 10/27/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location FC Bursars Office
 Employee Name (Print) Jami Ebright Exact Position Title Acct Clerk II
 Telephone # 714 732 5031 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	15					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Jami Ebright Date 10/31/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW: 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Financial Aid / Cypress
Department/Location

Arnette Edwards
Employee Name (Print)

Financial Aid Specialist
Exact Position Title

714 484-7114 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	6					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	10					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	7					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10					

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 [Signature]

Date 11/9/11

If you have any questions, please contact Arnette Edwards, at 714 484-7114

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location Financial Aid Office / K
 Employee Name (Print) Christian Esparza Exact Position Title Work Study
 Telephone # 714-378057 Work year length (circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3min</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>5min</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>5min</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>3min</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>0</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>3min</u>					

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 *Christian Esparza* Date 11-03-11
 If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCD

Department/Location ADMISSIONS & RECORDS/FC

Employee Name (Print) AWA FELIX

Exact Position Title ADMISSIONS/RECORDS SPECIALI

Telephone # 714) 992-7075 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>2</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>2</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>3</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>3</u>					

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 Awa Felix

Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location Admission & Records / CC

Employee Name (Print) REGINA FORD

Exact Position Title Registrar

Telephone # (714) 484-7432 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>2</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>1</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>5</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>3</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>N/A</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>N/A</u>					

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 Regina Ford

Date 11-07-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N.O.C.C.C.D.
District
Vanessa Gonzales
Employee Name (Print)

Bursar's Office - Cypress
Department/Location
Accounting Technician
Exact Position Title

(714) 484-7314
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3 min.	<input checked="" type="checkbox"/>				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5 min.	<input checked="" type="checkbox"/>				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5 min.					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3 min.	<input checked="" type="checkbox"/>				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	20 min.				<input checked="" type="checkbox"/>	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	10 min.					<input checked="" type="checkbox"/>

40% of students

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 Vanessa Gonzales Date 11-14-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCED
District

FC Bursar
Department/Location

Cyndi Estein
Employee Name (Print)

Manager Campus Accounting
Exact Position Title

74992-7007 12mo/11mo/10mo/hrlly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 [Signature]

Date 11-17-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCED
District

Financial Aid, FC.
Department/Location

Teresita Guillen-Soto
Employee Name (Print)

Financial Aid Technician
Exact Position Title

(114) 732-5282 (2mo) 1mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small-claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Teresita Guillen-Soto

Date 10-31-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions and Records / EC
Department/Location

Karina Gutierrez
Employee Name (Print)

Student hourly
Exact Position Title

(714) 997-7075 12mo/11mo/10mo/hrlly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Karina Gutierrez Date _____

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD
 Employee Name (Print) ELIZABETH A. GUZMAN
 Telephone # (714) 732-5738
 Work year length(circle) 12mo/11mo/10mo/hrly

Department/Location ADMISSIONS & RECORDS /FC
 Exact Position Title INTERIM ADMIN ASSISTANT
 Fiscal Year: 10-11 11-12 12-13

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	2					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	1					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 [Signature] Date 11/13/11

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10'

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District
JACKIE HA
Employee Name (Print)

FAO/CC
Department/Location
STUDENT SERVICES TECH.
Exact Position Title

484-7118 (714) Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	10'					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7'					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	15'					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5'					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10'					
Code 16 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 Jackie Ha

Date 11/8/11

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 MINUTES

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

ADMISSIONS & RECORDS /cc
Department/Location

JERI L. HERNANDEZ
Employee Name (Print)

ADMINISTRATIVE ASSISTANT II
Exact Position Title

X47345
Telephone #

(12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: (10-1) (11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Jeri L. Hernandez

Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions and Records / FC
Department/Location

Kathryn Hinojos
Employee Name (Print)

Student Hourly
Exact Position Title

(714) 992-7075 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/a					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Kathryn Hinojos

Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

FC NOCCD
District

FC Admissions /
Department/Location

Sabrina Jenkins
Employee Name (Print)

Admissions & Records Specialist
Exact Position Title

714 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>3</u>					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>2</u>					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	<u>2</u>					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	<u>2</u>					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>2</u>					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>2</u>					

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 Sabrina Jenkins Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 11 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NCECCD
District
LaQuita Jones
Employee Name (Print)
(714) 484-7089
Telephone #

Financial Aid / Cypress
Department/Location
Financial Aid Technician
Exact Position Title
Fiscal Year: 10-11 11-12 12-13

12mo/11mo/10mo/hrly
Work year length(circle)

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 1.71

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
Code 11 <u>Referencing the student account</u> or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 <u>Calculating the enrollment fee</u> , collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 <u>Answering Questions</u> and/or referring student to the appropriate person for an answer.	6					
Code 14 <u>Updating Student File</u> for the enrollment fee information, and providing a copy to the student.	7					
Code 15 <u>Amounts Receivable/Delinquencies</u> : Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	8					
Code 16 <u>Refunds</u> for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 [Signature] Date 11-9-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 8

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCEDD
District

CYPRESS COLLEGE BRANCH
Department/Location

JAY M. KANAAN
Employee Name (Print)

ACCOUNTING TECHNICIAN
Exact Position Title

(714) 484-7315 Telephone #
12mo Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	6	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	35				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% of students

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 [Signature]

Date 11/11/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
 District: ELIZABETH LEDEZMA
 Employee Name (Print)
 Telephone #: (714) 732-5737
 Work year length(circle): (2mo) 11mo/10mo/hrly
 Department/Location: ADMISSIONS & REC / FC
 Exact Position Title: TECHNICIAN
 Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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: [Signature] Date: 11/19/11

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCED
Employee Name (Print) Maureen Leopold

Department/Location CC-BURSAR Office
Exact Position Title Accounting Specialist

Telephone # 714-484-7318 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	6	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	7	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	10				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	11					✓

40% of students

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 Maureen Leopold Date 11/11/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 mins.

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

North Orange County Comm. College District District Admissions: Records / Fullerton College Department/Location
Kim Louie-Jen Employee Name (Print) Evaluator Exact Position Title
(714) 732-5746 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	n/a					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	n/a					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	n/a					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Kim Louie-Jen Date 11/2/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOC CCD
District

FC Bursar
Department/Location

Leslie Mahoney
Employee Name (Print)

Account clerk senior
Exact Position Title

714-732-5032 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 1-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	5					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Leslie Mahoney

Date 11/08/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3-4 mins

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCCCO Department/Location FC - AER
Employee Name (Print) Dolores Martinez Exact Position Title Technician
Telephone # 732-5739 Work year length(circle) 12mo Fiscal Year: 10-11 ~~11-12~~ 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 Dolores Martinez Date 11/3/11
If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions Records /PLC
Department/Location

Darren Masanesua
Employee Name (Print)

Student Hourly
Exact Position Title

714-992-7075 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1/4					

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 D. Masanesua

Date 11/03/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 6 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

N ORANGE Co. Com Coll Dist
District

BURSAR'S OFFICE / FULLERTON CAMPUS
Department/Location

John W. Miller
Employee Name (Print)

Accounting Technician
Exact Position Title

714-732-5033
Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 10-11 / 11-12 / 12-13
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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	18					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 John Miller Date 10/27/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCED
District

Fullerton College EOPS
Department/Location

Claudia Mojica Stone
Employee Name (Print)

Student Services Specialist
Exact Position Title

714-732-5384
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	0					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					✓
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 *Claudia Mojica Stone*

Date 11/18/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District NOCED

Department/Location Admissions and Records / CC

Employee Name (Print) Sandra Miranda

Exact Position Title Evaluator

Telephone # X47431

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Sandra Miranda

Date 11/02/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCO

Department/Location CC-BUSINESS

Employee Name (Print) Karina Morales

Exact Position Title Cashier/Registration Clerk

Telephone # (714) 674-2942 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	4				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					✓

40% of students

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 Karina Morales

Date NOVEMBER 11 11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCAD

Department/Location BUSARS

Employee Name (Print) LISA Morales

Exact Position Title Accounting Tech

Telephone # 714-404-7317 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: (10-11) 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7	✓				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	9	✓				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	8					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	7	✓				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	25				✓	
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	15					✓

40% of students

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 [Signature]

Date 11-14-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCCCO Department/Location: Admissions & Records / FC
 Employee Name (Print): Charmaine Morris Exact Position Title: Student Hourly
 Telephone #: (714) 992-1075 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11/11-12/12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	4					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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: [Signature] Date: 11/3/2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Admissions and Records / CC
Department/Location

AMELIA Mosley
Employee Name (Print)

Clerical Assistant
Exact Position Title

47428
Telephone #

12mo / 11mo / 10mo / hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	0					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Amelia M. Mosley

Date 11.07.2011

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District _____

Admissions and Records 166
Department/Location _____

Dustin Tuan Nguyen
Employee Name (Print) _____

Specialist
Exact Position Title _____

47429
Telephone # _____

12mo/11mo/10mo/hrly
Work year length(circle) _____

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 Dustin Tuan Nguyen Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCED
District

Financial Aid Bldg 100 Rm 115-1/FC
Department/Location

Elaine Oropeza
Employee Name (Print)

Financial Aid Technician
Exact Position Title

714-732-5283 (12mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

Fiscal Year: (10-11) (1-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1.5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Elaine Oropeza

Date 11-1-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 7 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Financial Aid Office / K
Department/Location

Oropeza, Lourdes F.
Employee Name (Print)

Financial Aid Tech
Exact Position Title

714) 732 5284 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	8					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	⊗					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	10					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	⊗					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	⊗					
Code 16 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 Lourdes F. Oropeza Date 10/28/2011
If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

North Orange County
District

Admissions & Records / FC
Department/Location

Padilla, Jayme
Employee Name (Print)

Evaluator
Exact Position Title

714) 732-5745
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 *Jayme Padilla* Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 4 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

NOCCCD
District

Admissions and Records / FC
Department/Location

Sarah Plescher
Employee Name (Print)

Student hourly
Exact Position Title

(714) 992-7075
Telephone #

Fiscal Year: 10-11 11-12 12-13

12mo/11mo/10mo/hrly
Work year length(circle)

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	2					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Sarah Plescher

Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location FULLERTON
BURSAR'S OFFICE / COLLEGE

Employee Name (Print) LINH QUAN

Exact Position Title ACCOUNTING SPECIALIST

Telephone # 714.732.5034 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	1					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	N/A					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	N/A					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	2					

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 Linh Quan

Date 10.26.11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form?

2 minutes

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

North Orange County
District

Admissions & Records / FC
Department/Location

Claudia Quilizapa
Employee Name (Print)

Admissions Tech
Exact Position Title

714-732-5741 2mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 11/14/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Admissions & Records/CC

Employee Name (Print) Linda Redd

Exact Position Title Evaluator

Telephone # X47434 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5	X				
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	10	X				
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5	X				
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5	X				
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A	N/A				
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	N/A	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 (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 Linda Redd

Date 11/3/2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCLD
District

ADMISSIONS & RECORDS / FC
Department/Location

DENISE REID
Employee Name (Print)

A & R TECH
Exact Position Title

712-735-5742 Telephone # (2mo/11mo/10mo/hrly) Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	3					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	5					

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 Denise Reid Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW: 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCDD Department/Location Financial Aid / CC
 Employee Name (Print) Alan Reza Exact Position Title Financial Aid Specialist
 Telephone # (714) 484-7114 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	7					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	9					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	4					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	12					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	6					

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 Alan Reza Date 11/8/11
 If you have any questions, please contact Alan Reza at (714) 484-7114
 PLEASE SUBMIT THIS INFORMATION BY 11/10/11 TO Kashu Nya

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCED

Department/Location Admissions and Records/a

Employee Name (Print) Garrett Reza

Exact Position Title Clerical Assistant

Telephone # 47347 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 [Signature] Date 11/3/2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD
Employee Name (Print) Ana Rosa Garcia

Department/Location Financial Aid/Rm 115/PC
Exact Position Title Clerical Assist. 1

Telephone # _____
Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	7					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	5					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	5					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 Ana Rosa Garcia Date 10-28-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mos.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Fin Aid / Fullerton College

Employee Name (Print) Greg Ryan

Exact Position Title Director / fin. aid

Telephone # 714-992-7092 Work year length(circle) 12mo/11mo/10mo/hrly

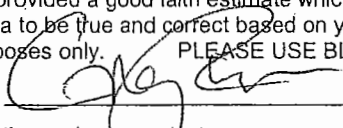
Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	1					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	1					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	3					

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 10/31/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

District: NOCCCD Department/Location: Financial Aid
 Employee Name (Print): Rebecca SANDOVAL Exact Position Title: Fin. Aid Specialist
 Telephone #: 714)484-7119 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	2					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/deliquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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.

Employee Signature: Rebecca Sandoval Date: 11/9/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 Min

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD

Department/Location Fullerton College Financial Aid

Employee Name (Print) Laurie Schwiibert

Exact Position Title Administrative Assistant I

Telephone # (714) 732-5285 Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	1					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	1					

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 Laurie Schwiibert

Date 10/28/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District: NOCCCD Department/Location: Admissions and Records/FC
 Employee Name (Print): Samantha Solis Exact Position Title: Student Hourly
 Telephone #: (714) 992-7075 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	NA					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	NA					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	NA					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	NA					

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 Samantha Solis Date 11-03-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD
District

Financial Aid/Cypress College
Department/Location

Jeanne Thompson
Employee Name (Print)

Student Services Technician
Exact Position Title

(714) 484-7000 x45013 Telephone # 12mo Work year length(circle) 11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	2		X			
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	Ø					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	Ø					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	Ø					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	Ø					

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 Jeanne Thompson

Date 11/9/2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

NOCCCD _____
District _____

Admissions & Records _____
Department/Location _____

Stephen Tom _____
Employee Name (Print) _____

Admissions & Records Technician _____
Exact Position Title _____

X47092 _____
Telephone # _____

12mo / 1mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	3					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	3					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	3					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	N/A					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 (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 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? _____

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCCCD Department/Location SSS / FinAid CC
 Employee Name (Print) Kimberly Tran Exact Position Title Financial Aid Tech
 Telephone # 48120 Work year length(circle) 12mo Fiscal Year: 10-11 11-12 12-13

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 1.71

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	4					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	3					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	5					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	2					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	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 Kimberly Tran Date 11/8/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-2

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS 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.

North Orange County Community College
District

Admissions + Records / Fullerton College
Department/Location

Nicol Tushla
Employee Name (Print)

Evaluator
Exact Position Title

714-732-5747 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	5					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	0					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	0					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	0					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	0					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	0					

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 Nicol Tushla Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min.

EFCW 1.7-2

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
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.

District NOCOD

Department/Location Financial Aid Office / #

Employee Name (Print) Fatima Villegas

Exact Position Title Financial Aid Technician

Telephone # 714) 732-5286 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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
Code 11 Referencing the student account or record which lists student courses, status of payments, and waiver eligibility, and printing out a list of enrolled courses.	<u>⊕</u>					
Code 12 Calculating the enrollment fee, collect the payment or receivable, update student account/record, and print out receipt/course list/other report.	<u>⊕</u>					
Code 13 Answering Questions and/or referring student to the appropriate person for an answer.	<u>1</u>					
Code 14 Updating Student File for the enrollment fee information, and providing a copy to the student.	<u>⊕</u>					
Code 15 Amounts Receivable/Delinquencies: Collecting enrollment fees due/delinquent (telephone contact, written notices, collection agencies, small claims court, etc.)	<u>⊕</u>					
Code 16 Refunds for students who later become eligible for waivers (not just course changes), explain the process, and update student account/record.	<u>⊕</u>					

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 Fatima Villegas Date 10/28/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2010-2011
Time Study

Purpose: To summarize time spent by staff on Enrollment Fee Waiver Functions.

Source: EFCW 1.7-3.

Findings:

Staff	Title	*EFW Workload Multiplier					
		6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Abadzhyan, Susanna	Financial Aid Technician	2.0	1.0	3.0	3.0	2.0	1.0
Aguirre, Maria G.	Financial Aid Technician	2.0	2.0	3.0	3.0	2.0	1.0
Alcaraz, Jose C.	Financial Aid Technician	10.0		5.0	10.0		
Alton, Meg	A&R Technician	2.0					
Atkins, Blanca	A&R Technician	2.0					
Baeza, Megan	Student Hourly	2.0					
Beard, Claudia	Account Clerk	10.0					
Bustos, Raymond	Financial Aid Technician	10.0		20.0	7.5	17.5	10.0
Calderon Teneza, Roselle	Financial Aid Technician	5.0	7.0	15.0	10.0	15.0	15.0
Caro, Barbara	A&R Technician	5.0					
Chang, Ly T.	Evaluator	5.0					
Cobbs, Keith	Director, Financial Aid	8.0	9.0	12.0	10.0	12.0	10.0
Conner, Kevin	Student Hourly	2.0					
Courtney, Marlene	Evaluator Specialist	1.0					
Cruz, Carrie	Clerical Assistant	15.0		5.0	10.0		5.0
Davis, Christy	A&R Specialist	5.0					
Dean, Brian	A&R Technician	3.0					
Do, Field	Evaluator	1.0					
Do, Nghia M.	Accounting Technician	8.0	8.0	10.0	5.0	10.0	5.0
Do, Xuan Dao T.	Manager, Accounting	4.0					
Duarte, Sherry	Accounting Technician	1.0					
Ebright, Jami	Accounting Clerk	2.0					
Edwards, Arnette	Financial Aid Specialist	5.0	6.0	10.0	10.0	6.0	10.0
Esparza, Christian	Work Study	2.0	1.0	5.0	5.0	3.0	3.0
Felix, Ana	A&R Specialist	3.0					
Ford, Regina	Registrar	2.0					
Gonzales, Vanessa	Accounting Technician	8.0					
Grein, Cyndi	Manager, Accounting	2.0					
Guillen-Soto, Teresita	Financial Aid Technician	5.0					
Gutierrez, Karina	Student Hourly	2.0					
Guzman, Elizabeth A.	Interim Admin. Assistant	2.0					
Ha, Jackie	Student Services Technician	12.0	10.0	15.0	7.0	7.0	15.0
Hernandez, Jeri L.	Administrative Assistant	2.0					
Hinojos, Kathryn	Student Hourly	2.0					
Jenkins, Sabrina	A&R Specialist	3.0					
Jones, LaQuinta	Financial Aid Technician	10.0	5.0	12.0	10.0	20.0	15.0
Kanaan, Jay	Accounting Technician	5.0					
Ledezma, Elizabeth	Technician	2.0					
Leopold, Maureen	Accounting Specialist	6.0					
Louie-Jeu, Kim	Evaluator	1.0					
Mahoney, Leslie	Accounting Clerk	2.0					
Martinez, Delores	Technician	3.0					
Masayesva, Darren	Student Hourly	2.0					

Schedule 3
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2010-2011
Time Study

Staff	Title	*EFW Workload Multiplier					
		6		8	7	8	
		**Activity Codes					
		21	22	23	24	25	26
Miller, John W.	Accounting Technician	2.0					
Miranda, Sandra	Evaluator	1.0					
Mojican Stone, Claudia	Student Services Specialist			5.0			
Morales, Karina	Cashier/Registration Clerk	6.0					
Morales, Lisa	Accounting Technician	7.0					
Morris, Charmaine	Student Hourly	2.0					
Mosley, Amelia	Clerical Assistant	7.0					
Nguyen, Dustin Tuan	Specialist	3.0					
Oropeza, Elaine	Financial Aid Technician	2.0	3.0	2.0	2.0	5.0	2.0
Oropeza, Lourdes F.	Financial Aid Technician	12.0		5.0	10.0		
Padilla, Jayme	Evaluator	1.0					
Plescher, Sarah	Student Hourly	2.0					
Quilizapa, Claudia	A&R Technician	4.0					
Redd, Linda	Evaluator	1.0					
Reid, Denise	A&R Technician	2.0					
Reza, Alan	Financial Aid Specialist	8.0	10.0	12.0	10.0	13.0	10.0
Reza, Garrett	Clerical Assistant	1.0					
Rosa Garcia, Ana	Clerical Assistant	5.0	7.0	5.0	5.0	5.0	
Ryan, Greg	Dkirector, Financial Aid	5.0			1.0		1.0
Schwiebert, Laurie	Administrative Assistant	1.0					
Solis, Samantha	Student Hourly	2.0					
Thompson, Jeanne	Student Services Technician	5.0					
Tom, Stephen	A&R Technician	3.0					
Tran, Kimberly	Financial Aid Technician	5.0	3.0	5.0	6.0	4.0	6.0
Tushla, Nicole	Evaluator	2.0					
Villegas, Fatima	Financial Aid Technician	1.0					
Average		4.1	5.5	8.3	6.9	8.7	7.3

*EFW Workload Multiplier

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

**Activity Codes

- 21 - Answer Questions regarding fee waivers or referring them to the appropriate person for an answer.
- 22 - Receive 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.
- 23 - Evaluating Applications: Each application and verification documents for compliance with eligibility standards.
- 24 - Incomplete Applications: Notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.
- 25 - Approved Applications: Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.
- 26 - Denied Applications: Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.

Conclusion: Findings go forward to Schedule 1B.

Schedule 3A
 North Orange County Community College
 08/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Average PHR

Purpose: To calculate average PHR for Financial Aid staff.

Source: North Orange County CCD PHR's.

Findings:

Staff	Title	10-11
Abadzhyan, Susanna	Financial Aid Technician	40.01
Aguirre, Maria G.	Financial Aid Technician	
Alcaraz, Jose C.	Financial Aid Technician	42.38
Alton, Meg	A&R Technician	39.39
Atkins, Blanca	A&R Technician	35.52
Baeza, Megan	Student Hourly	8.18
Beard, Claudia	Account Clerk	44.71
Bustos, Raymond	Financial Aid Technician	48.62
Calderon Teneza, Roselle	Financial Aid Technician	
Caro, Barbara	A&R Technician	51.98
Chang, Ly T.	Evaluator	39.82
Cobbs, Keith	Director, Financial Aid	75.02
Conner, Kevin	Student Hourly	8.15
Courtney, Marlene	Evaluator Specialist	50.34
Cruz, Carrie	Clerical Assistant	36.96
Davis, Christy	A&R Specialist	42.00
Dean, Brian	A&R Technician	39.06
Do, Field	Evaluator	46.29
Do, Nghia M.	Accounting Technician	
Do, Xuan Dao T.	Manager, Accounting	56.33
Duarte, Sherry	Accounting Technician	39.54
Ebright, Jami	Accounting Clerk	36.75
Edwards, Arnette	Financial Aid Specialist	46.07
Esparza, Christian	Work Study	
Felix, Ana	A&R Specialist	
Ford, Regina	Registrar	78.51
Gonzales, Vanessa	Accounting Technician	39.40
Grein, Cyndi	Manager, Accounting	68.03
Guillen-Soto, Teresita	Financial Aid Technician	40.01
Gutierrez, Karina	Student Hourly	8.73
Guzman, Elizabeth A.	Interim Admin. Assistant	41.01
Ha, Jackie	Student Services Technician	48.77
Hernandez, Jeri L.	Administrative Assistant	39.98
Hinojos, Kathryn	Student Hourly	8.15
Jenkins, Sabrina	A&R Specialist	47.08
Jones, LaQuinta	Financial Aid Technician	
Kanaan, Jay	Accounting Technician	46.04
Ledezma, Elizabeth	Technician	36.38
Leopold, Maureen	Accounting Specialist	55.49
Louie-Jeu, Kim	Evaluator	42.01
Mahoney, Leslie	Accounting Clerk	40.54
Martinez, Delores	Technician	40.38
Masayeva, Darren	Student Hourly	9.26
Miller, John W.	Accounting Technician	42.03
Miranda, Sandra	Evaluator	39.15
Mojican Stone, Claudia	Student Services Specialist	
Morales, Karina	Cashier/Registration Clerk	8.79
Morales, Lisa	Accounting Technician	44.08
Morris, Charmaine	Student Hourly	8.62
Mosley, Amelia	Clerical Assistant	39.16
Nguyen, Dustin Tuan	Specialist	51.25
Oropeza, Elaine	Financial Aid Technician	44.41
Oropeza, Lourdes F.	Financial Aid Technician	
Padilla, Jayme	Evaluator	38.89

Schedule 3A
 North Orange County Community College
 08/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Average PHR

Staff	Title	10-11
Plescher, Sarah	Student Hourly	8.20
Quillizapa, Claudia	A&R Technician	34.85
Redd, Linda	Evaluator	39.85
Reid, Denise	A&R Technician	36.78
Reza, Alan	Financial Aid Specialist	49.95
Reza, Garrett	Clerical Assistant	30.30
Rosa Garcia, Ana	Clerical Assistant	32.90
Ryan, Greg	Director, Financial Aid	69.10
Schwiebert, Laurie	Administrative Assistant	
Solis, Samantha	Student Hourly	8.12
Thompson, Jeanne	Student Services Technician	43.29
Tom, Stephen	A&R Technician	34.45
Tran, Kimberly	Financial Aid Technician	
Tushla, Nicole	Evaluator	46.39
Villegas, Fatima	Financial Aid Technician	
Average		39.09

A: Average PHR used.

NOTE: Staff with missing PHRs were paid with 100% Restricted Funds.

Conclusion: Findings go forward to EFCW FORM-2.

How long did it take you to fill out this form? 1

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NO. C.C.C.D Department/Location: Financial Aid/Fullerton College
 Employee Name (Print): Susanna Abadshyan Exact Position Title: Financial Aid Technician
 Telephone #: 714) 732-5276 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>1</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>3</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>2</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>1</u>			

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: Susanna Abadshyan Date: 10/28/2011
 If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1.5

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location FAO/Fullerton

Employee Name (Print) MARIA G. Aguirre

Exact Position Title Financial Aid Technician

Telephone # 714-732-5277

Work year length(circle) 12mo 11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>2</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>3</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>3</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>2</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>1</u>			

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 Maria Aguirre Date 10

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Financial Aid Office
Department/Location

Jose Q Alcaraz
Employee Name (Print)

Financial Aid Technician
Exact Position Title

747325278
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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 [Signature]

Date 10/28/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NUCCCD Department/Location Admissions & Records / CC
 Employee Name (Print) Meg Aston AL TOP Exact Position Title Admissions and Records Technician
 Telephone # (714) 484-7349 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>n/a</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>n/a</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>n/a</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>n/a</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>n/a</u>			

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 Meg Aston Date November 7, 2011
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form?

2 minutes

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location Admissions and Records/CC

Employee Name (Print) Blanca Atkins

Exact Position Title Admissions and Records Technician

Telephone # X47409

Work year length(circle) 12mo 11mo/10mo/hrlly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Blanca Atkins

Date 11/3/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD District Admissions & Records / FL Department/Location
Megan Baeza Employee Name (Print) Student Hourly Exact Position Title
(714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11/3/11
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NocccoD Department/Location: Bursar's Office / R
 Employee Name (Print): Claudia Beard Exact Position Title: Account Clerk II
 Telephone #: (714) 732-5030 Fiscal Year: 10-11 11-12 12-13
 Work year length(circle): 12mo/11mo/10mo/hrly
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>10</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>X</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>X</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>X</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>X</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>X</u>			

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 Claudia Beard Date 10-08-11
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form?

10 minutes

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

N.O.C.C.C.D
District

Financial Aid Office Fullerton College
Department/Location

Raymond Bustos
Employee Name (Print)

Financial Aid Technician
Exact Position Title

714 732-5279 (2mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>10 MINS</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>Q</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>20 MINS</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>5 to 10 MINS.</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>15 to 20 MINS.</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>10 MINS</u>			

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 Raymond Bustos

Date Oct. 28, 2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 mins

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

Nocedo District FINANCIAL Aid / ecc Department/Location
ROSELY CALDERON TENEZA Employee Name (Print) FINANCIAL Aid Tech Exact Position Title
714) 484-7114 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	7			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	15			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15			

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 [Signature] Date 11/9/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 8 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCLD

Department/Location Admissions & Records/FC

Employee Name (Print) Barbara Caro

Exact Position Title Admission Techn.

Telephone # 714 732-5735 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>n/a</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>n/a</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>n/a</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>n/a</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>n/a</u>			

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 B. Caro Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD District ADMISSIONS & RECORDS / CC Department/Location
LY T. CHANG Employee Name (Print) EMPL/HR Exact Position Title
47427 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 [Signature] Date 11/2/11
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Financial Aid CC
Department/Location

Kent W. G.
Employee Name (Print)

Director of Financial Aid
Exact Position Title

484-7116
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	8			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	9			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	12			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	16			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	12			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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 Kent W. G. Date 11/08/2011

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCO
District

Admissions & Records / FC
Department/Location

Kevin Conner
Employee Name (Print)

Student Hourly
Exact Position Title

714-992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

Noeccc
District

Admissions & Records/CC
Department/Location

Marlene Courtney
Employee Name (Print)

Evaluator Specialist
Exact Position Title

47433
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 Marlene Courtney

Date 11/3/2011

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 10

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District Nocero

Department/Location Financial Fullerton

Employee Name (Print) Carrie Cruz

Exact Position Title Clerical Asst

Telephone # 714 992 7091

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	15			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 [Signature] Date 10-28-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

How long did it take you to fill out this form?

3 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Admissions & Records/Cypress
Department/Location

CHRISTY DAVIS
Employee Name (Print)

Admissions & Records Specialist
Exact Position Title

47348
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year:

10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature]

Date 11/2/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCO
District

Admissions and Records / CC
Department/Location

Brian Dean
Employee Name (Print)

Admissions and Records Technician
Exact Position Title

47344 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11-5-11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Admissions & Records / Fullerton College
Department/Location

Field Do
Employee Name (Print)

Evaluator
Exact Position Title

(914) 732-5748
Telephone #

(12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

N.O.C.C.C.D
District

Financial Aid / Cypress College
Department/Location

Nghia M. Do
Employee Name (Print)

Accounting Technician
Exact Position Title

(714) 484-7054 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)


Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	8			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	8			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	5			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	10			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	5			

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 10/08/11

If you have any questions, please contact Neil Do, at (714) 484-7054

How long did it take you to fill out this form? 5 mins

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location Cypress College - Bursar Office
 Employee Name (Print) Xuan Dao T. Do Exact Position Title Campus Accounting Manager
 Telephone # _____ Fiscal Year: 10-11 11-12 12-13
 Work-year length(circle) _____
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11/04/11
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location Financial Aid/Building 100/FC

Employee Name (Print) Sherry Duarte

Exact Position Title Accounting Technician

Telephone # 714-732-5275

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 Sherry Duarte

Date 10/27/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location FC Bursar's Office
 Employee Name (Print) Jamie Ebnright Exact Position Title Acct Clerk II
 Telephone # 714 732 5031 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 Jamie Ebnright Date 10/31/11
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Financial Aid / Cypress
Department/Location

Arnette Edwards
Employee Name (Print)

Financial Aid Specialist
Exact Position Title

714-484-7114 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	6			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	10			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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 [Signature]

Date 11/9/11

If you have any questions, please contact 714 484-7114, at _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location Financial Aid Office/FA
 Employee Name (Print) Christian Espanza Exact Position Title Work Study
 Telephone # 714-397-8057 Work year length (circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2min</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>1min</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>5min</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>5min</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>3min</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>3min</u>			

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 [Signature] Date 11-04-11
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCO

Department/Location ADMISSIONS & RECORDS/FC

Employee Name (Print) ANA FELIX

Exact Position Title ADMISSIONS & RECORDS SPECIALIST

Telephone # 714-732-5734 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Ana Felix Date 11/3/11

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form?

2 min.

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCED
Employee Name (Print) REGINA FORD
Telephone # (714) 484-7432
Work year length(circle) 12mo 11mo/10mo/hrly

Department/Location Admissions & Records/CC
Exact Position Title Registrar
Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Regina Ford Date 11-07-11
If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min.

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

N.O.C.C.C.D.
District
Vanessa Gonzales
Employee Name (Print)

Bursar's Office - Cypress
Department/Location
Accounting Technician
Exact Position/Title

(714) 484-7314 Telephone # (12mo)/11mo/10mo/hrly Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3 min.</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>n/a</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>n/a</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>n/a</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>n/a</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>n/a</u>			

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Employee Signature Vanessa Gonzales Date 11-14-11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form?

1 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCAD
District

FC BARRAS
Department/Location

Cyndi Groin
Employee Name (Print)

Manager, Campus Accounting
Exact Position Title

7149927007 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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Employee Signature [Signature]

Date 11-17-11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 5 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD Department/Location Financial Aid, F.C.
 Employee Name (Print) Teresita Guillen-Soto Exact Position Title Financial Aid Technician
 Telephone # (714) 732-5282 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>0</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>0</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>0</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>0</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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 Teresita Guillen-Soto Date 10-31-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

110000011
District

Admissions and Records/RU
Department/Location

Karina Gutierrez
Employee Name (Print)

Student hourly
Exact Position Title

(714) 992-7075 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Karina Gutierrez Date 11/3/11

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

HOC CCD
District

ADMISSIONS & RECORDS / EC
Department/Location

ELIZABETH A. GUZMAN
Employee Name (Print)

INTERIM ADMIN ASSISTANT
Exact Position Title

(714) 732-5738 (12mo/11mo/10mo/hrly)
Telephone # Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature *Elizabeth A. Guzman* Date 11/3/11

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 10'

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

FAO/CC
Department/Location

JACKIE HA
Employee Name (Print)

STUDENT SERVICES TECH
Exact Position Title

714) 484 7118
Telephone #

(12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	12'			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10'			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	15'			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	7'			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	7'			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15'			

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Employee Signature Jackie Ha

Date 11/8/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 MINUTES

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

ADMISSIONS & RECORDS / CC
Department/Location

JERI L HERNANDEZ
Employee Name (Print)

ADMINISTRATIVE ASSISTANT II
Exact Position Title

X47345 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Jeri L. Hernandez Date 11-3-11
If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 min.

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NOCCCD Department/Location: Admissions and Records / FC
 Employee Name (Print): Kathryn Hinojos Exact Position Title: Student Hourly
 Telephone #: (114) 992-7075 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
 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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature: Kathryn Hinojos Date: 11/3/11
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

FC NOCC D
District
Sabrina Jenkins
Employee Name (Print)
714 992-7075
Telephone #

FC Admissions
Department/Location
Admissions & Records Specialist
Exact Position Title
Fiscal Year: 10-11 11-12 12-13

12mo/11mo/10mo/hrly
Work year length(circle)

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>3</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Sabrina Jenkins Date 11-3-11

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 8

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NoCCCO Department/Location Financial Aid / Cypress
 Employee Name (Print) Larvita Jones Exact Position Title Financial Aid Technician
 Telephone # (714) 494-7089 Work/year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	10			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	5			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	12			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	20			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	15			

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Employee Signature [Signature] Date 11-9-11
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

Nocces
District

BUSINESS OFF - CYPRESS COLLEGE
Department/Location

JAY M KANAWAN
Employee Name (Print)

ACCOUNTING TECHNICIAN
Exact Position Title

(714) 484-7315

0506 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 11/11/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 4

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD District ADMISSIONS & RECORDS / FC Department/Location
ELIZABETH LEDEZMA Employee Name (Print) TECHNICIAN Exact Position Title
(714) 732-5737 Telephone # (12mo/11mo/10mo/hrly) Work year length(circle) Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 mins

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District North Orange County Comm. College District Department/Location Admissions & Records / Fullerton College

Employee Name (Print) Kim Louie-Jen Exact Position Title Evaluator

Telephone # (714) 732-5746 Work year length(circle) 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	n/a			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	n/a			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/a			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/a			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	n/a			

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Employee Signature Kim Louie-Jen Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

CC-BUSINESS OFFICE
Department/Location

Maureen Leopold
Employee Name (Print)

Accounting Specialist
Exact Position Title

714)484-7318 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>6</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Maureen Leopold Date 11/11/11
If you have any questions, please contact _____, at _____

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

FC Bursar
Department/Location

Leslie Mahoney
Employee Name (Print)

Account Clerk
Exact Position Title

714-732-5032 12mo/11mo/10mo/hrly
Telephone # Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature Leslie Mahoney Date 11/08/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form?

4 mins

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCDD

Department/Location AdR / Fe

Employee Name (Print) Debra Martinez

Exact Position Title technical

Telephone # 7325739

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Debra Martinez

Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: 100000 Department/Location: Admissions + Records / RC
 Employee Name (Print): Darren Masayeva Exact Position Title: Student Hourly
 Telephone #: 714-992-7075 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature D. Masayeva Date 11/03/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mins.

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

N. ORANGE Co Com Coll Dist
District

BURCAR'S OFFICE / FULLERTON CAMPUS
Department/Location

John W. Miller
Employee Name (Print)

ACCOUNTING TECHNICIAN
Exact Position Title

714-732-5033
Telephone #

(2mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature John Miller Date 10/27/11
If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District Nocccd

Department/Location Admissions and Records / CC

Employee Name (Print) Sandra Miranda

Exact Position Title Evaluator

Telephone # X47431 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Sandra Miranda Date 11/02/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NCCCD

Department/Location Filer ton College EOPS

Employee Name (Print) Claudia Mojica Stone

Exact Position Title Student Services Specialist

Telephone # 714-732-5384 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	0			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature [Signature] Date 11/18/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NACCO
District

CC-BUSAR
Department/Location

KARINA MORAYES
Employee Name (Print)

CASHIER/RECONCILIATION CLERK
Exact Position Title

(714) 634-2042 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>0</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature KARINA MORAYES Date NOVEMBER 11-11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 mins.

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCED
District

Bursars
Department/Location

LISA Morales
Employee Name (Print)

Accounting Tech
Exact Position Title

714484731 Telephone # 12mo Work year length(circle)
11mo/10mo/hrly

Fiscal Year: 10-11 11-12 2-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>7</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature [Signature]

Date 11-14-11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 mins

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD District
Charmaine Morris Employee Name (Print)
Admissions & Records / FC Department/Location
Student Helper Exact Position Title
(714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)
 Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature [Signature] Date 11/3/2011
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCDD
District

Admissions and Records/CC
Department/Location

AMELIA MOSLEY
Employee Name (Print)

Clerical Assistant
Exact Position Title

47420
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>7</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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 Amelia P. Mosley

Date 11.07.2011

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD District Admissions and Records / CC Department/Location

Dustin Tuan Nguyen Employee Name (Print) Specialist Exact Position Title

47429 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer, online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Dustin Tuan Nguyen Date 11/3/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCED
District

Financial Aid Bldg 100 Rm 115 / FC
Department/Location

Elaine Oropeza
Employee Name (Print)

Financial Aid Technician
Exact Position Title

714-732-5283
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	2			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	2			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	5			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	2			

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Employee Signature Elaine Oropeza Date 11-1-11

If you have any questions, please contact _____, at _____
PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form?

7 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD
Employee Name (Print) Oropeza Lourdes F.
Telephone # 714-732-5284
Work year length(circle) 12mo 11mo/10mo/hrly

Department/Location Financial Aid Office/FA
Exact Position Title Financial Aid Technician
Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	12			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	Q			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	Q			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	Q			

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Employee Signature Lourdes F. Oropeza Date 10/28/2011
If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5 mins

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

North Orange County
District

Admissions & Records / PC
Department/Location

Padilla, Jayme
Employee Name (Print)

Evaluator
Exact Position Title

714) 732-5745
Telephone #

(12mo/11mo/10mo/hrly)
Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature Jayme Padilla Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCO District Admissions and Records / PL
Sarah Plescher Employee Name (Print) Student hourly Exact Position Title
(714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle) Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	n/a			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	n/a			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	n/a			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	n/a			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	n/a			

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Employee Signature Sarah Plescher Date 10/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District North Orange County

Department/Location Admissions & Records (Fulltime)

Employee Name (Print) Claudia Quilizapa

Exact Position Title Admissions Tech

Telephone # 714-732-5741

Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	4			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature] Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCED Department/Location Admissions & Records/LL
 Employee Name (Print) Linda Redd Exact Position Title Evaluator
 Telephone # X47434 Work year length(circle) 12mo 11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>1</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>N/A</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>N/A</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>N/A</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>N/A</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>N/A</u>			

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Employee Signature Linda Redd Date 11/3/2011
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

A10CCCD
District
DENISE REID
Employee Name (Print)

ADMISSIONS & RECORDS / K
Department/Location
A&R TECH
Exact Position Title

714-732-5742 Telephone # (2)mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: (10-11) (11-12) 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>2</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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Employee Signature Denise Reid Date 11/3/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 5

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District Nocccd Department/Location Financial Aid / CC
 Employee Name (Print) Alan Reza Exact Position Title Financial Aid Specialist
 Telephone # (714) 484-7114 Work year length(circle) 12mo Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	8			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	10			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	12			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	10			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	13			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	10			

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Employee Signature Alan Reza Date 11/8/11
 If you have any questions, please contact Alan Reza at (714) 484-7114

How long did it take you to fill out this form? 2 minutes

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location Admissions and Records

Employee Name (Print) Garrett Reza

Exact Position Title Clerical Assistant

Telephone # 47347

Fiscal Year: 10-11 11-12 12-13

Work year length(circle) 12mo/11mo/10mo/hrly

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	N/A			

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Employee Signature [Signature]

Date 11/3/2011

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 5 min.

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NOCCCD Department/Location: Financial Aid Rm 115/KC
 Employee Name (Print): Ana Rosa Garcia Exact Position Title: Clerical Assist 1
 Telephone #: 714-992-7091 Work year length(circle): 12mo 11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	<u>5</u>			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	<u>7</u>			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	<u>5</u>			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	<u>5</u>			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	<u>5</u>			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	<u>0</u>			

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: Ana Rosa Garcia Date: 10-28-11

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 minute

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District: NOCCCD Department/Location: Fin Aid / Fullerton College
 Employee Name (Print): Greg Ryan Exact Position Title: Director, fin. Aid
 Telephone #: 714-992-7092 Work year length(circle): 12mo/11mo/10mo/hrly Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	/			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	/			

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: [Signature] Date: 10/3/11
 If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 2 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District Norced

Department/Location Fullerton College/Financial Aid

Employee Name (Print) Laurie Schwiebert

Exact Position Title Administrative Assistant I

Telephone # (714) 732-5285 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature Laurie Schwiebert Date 10/28/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 min

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Admissions and Records/FC
Department/Location

Samantha Solis
Employee Name (Print)

Student Hourly
Exact Position Title

(714) 992-7075 Telephone # 12mo/11mo/10mo/hrly Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.				
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.				
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.				
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.				
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.				

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 Samantha Solis Date 11-03-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 1 min 30 secs

EFCW 1.7-3

Employee AVERAGE Time Record for Mandated Costs PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD
District

Financial Aid/Cypress College
Department/Location

Jeanne Thompson
Employee Name (Print)

Student Services Technician
Exact Position Title

(714) 484-7000 x45013 Telephone #
12mo / 11mo / 10mo / hrly Work year length(circle)

Fiscal Year: 10-11 / 11-12 / 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	∅			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	∅			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	∅			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	∅			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	∅			

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Employee Signature Jeanne Thompson Date 11/9/2011

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 2 mins

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

NOCCCD _____
District

Admissions & Records JCL
Department/Location

Stephen Tom _____
Employee Name (Print)

Admissions & Records Technician
Exact Position Title

X47092 _____
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	3			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	N/A			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	N/A			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	N/A			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	N/A			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	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 (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 [Signature]

Date 11/3/11

If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? _____

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

Nocccd District Fin Aid / CC Department/Location
Kimberly Tran Employee Name (Print) F. A Tech Exact Position Title
48121 Telephone # 12mo Work year length(circle) Fiscal Year: 10-11 11-12 12-13
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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	5			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	3			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	5			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	6			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	4			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	6			

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Employee Signature Kimberly Tran Date 11/8/11
 If you have any questions, please contact _____, at _____

How long did it take you to fill out this form? 5 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

North Orange County Community College
District

Administrative & Records / Fullerton College
Department/Location

Nicole Trucchi
Employee Name (Print)

Evaluator
Exact Position Title

914-732-5947
Telephone #

12mo/11mo/10mo/hrly
Work year length(circle)

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	2			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	∅			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	∅			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	∅			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	∅			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	∅			

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Employee Signature Nicole Trucchi Date 11-3-11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

How long did it take you to fill out this form? 3 min

EFCW 1.7-3

**Employee AVERAGE Time Record for Mandated Costs
PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS
ENROLLMENT FEE WAIVER (BOGG, ETC.) 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.

District NOCCCD

Department/Location Fullerton Financial Aid office

Employee Name (Print) Fatima Villegas

Exact Position Title Financial Aid Technician

Telephone # (714) 730-5286 Work year length(circle) 12mo/11mo/10mo/hrly

Fiscal Year: 10-11 11-12 12-13

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 17-1

Reimbursable Activities: ENROLLMENT WAIVER FUNCTIONS	Average Time in Minutes	1.7-1 Workload Multiplier (Check one)		
		6	7	8
Code 21 <u>Answering Questions</u> regarding fee waivers or referring them to the appropriate person for an answer.	1			
Code 22 <u>Receiving Applications</u> from students by mail, fax, computer online access, or in person, or in the form of eligibility information processed by the financial aid office.	0			
Code 23 <u>Evaluating Applications</u> each application and verification documents for compliance with eligibility standards.	0			
Code 24 <u>Incomplete Applications</u> : notifying the student of the additional required information. Holding the student application in a suspense file until all information is received.	0			
Code 25 <u>Approved Applications</u> : Copying all documentation and filing the information. Entering information into district records. Providing student with proof of eligibility and filing documents.	0			
Code 26 <u>Denied Applications</u> : Reviewing additional documentation provided when denial is appealed. Providing written notification to student of final eligibility status.	0			

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Employee Signature Fatima Villegas Date 10/28/11

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Section 4
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 Statistics Summary

Purpose: To summarize the statistics for Enrollment Fee Collection and Waivers.

Source: Schedules 4-1, 4-2 and Schedule 7.

Findings:

*Workload Multiplier	Source		10-11
EFC 1	1.8-1 1.	Enrolled Students	89,883
EFC 2	1.8-1 2.	Paid Enrollment fees	46,757
EFC 3	1.8-1 3.	Exempted from enrollment fees (BOGG, etc.)	43,126
EFC 4	1.8-2 1.	Delinquencies collections	1,036
EFC 5	1.8-2 2.	Refunds	8,544
EFC 6	1.8-3 1.	Waivers Requested	**20,712
EFC 7	1.8-3 2.	Waivers Approved	**20,712
EFC 8	1.8-3 (1-2)	Waivers Denied	0

**See Schedule 7.

*EFC/EFW Workload Multiplier

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load

EFW 6 - Total number of enrollment fee waivers requested

EFW 7 - Total number of enrollment fee waivers granted

EFW 8 - Total number of enrollment fee waivers denied

Conclusion: Findings will go forward to the Schedule 1A and 1B.

Schedule 4-1
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 EFCW 1.8-1 Summary

Purpose: To summarize the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-1 and North Orange County CCD back-up.

Findings:

1.8-1 1. Total number of students enrolled each fiscal year.

Term/Year	Cypress	Fullerton
Summer 2010	5,169	9,132
Fall 2010	15,963	22,354
Spring 2011	15,297	21,968
	36,429	53,454
Total	89,883	

1.8-1 2. Total number of students who paid enrollment fees.

Term/Year	Cypress	Fullerton
Summer 2010	2,739	4,864
Fall 2010	7,839	12,417
Spring 2011	7,157	11,741
	17,735	29,022
Total	46,757	

1.8-1 3. Total number of students exempted from paying enrollment fees.

Term/Year	Cypress	Fullerton
Summer 2010	2,430	4,268
Fall 2010	8,124	9,937
Spring 2011	8,140	10,227
	18,694	24,432
Total	43,126	

*EFC/EFW Workload Multiplier

EFC 1 - Total number of students who enroll in the college

EFC 2 - Total number of students who paid enrollment fees

EFC 3 - Total number of students waived from enrollment fees (BOGG, etc.)

Conclusion: Findings go forward to Schedule 4.

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of students enrolled each fiscal year. (Not FTE's)			
Summer		<i>Please see attached</i>	
Fall			
Winter/ Intersession			
Spring			
Total			
2. Number of students who paid enrollment fees:			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			
3. Number of students exempted from paying enrollment fees (BOGG, etc):			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			

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: *K. Vyas* Date 1/21/11

Kashu Vyas Accounting Specialist
Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Term	Yr	Cypress	Fullerton
Fall	2009	16,409	22,294
Spring	2010	15,437	22,529
Summer	2010	5,169	9,132
Totals 2009-10		37,015	53,955

total 90,970

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2.

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
Fall	2009	8,526	12,721
Spring	2010	7,512	12,657
Summer	2010	2,739	4,864
Totals 2009-10		18,777	30,242

total 49,019

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3.

Source: Banner a/o 1/21/11

NOTE: CCCO Website no longer presents the unique counts for BOG.

Since we took this from Banner, we are presenting Fall 2009, Spring 2010 and Summer 2010 below, which is consistent with our academic year info in Banner.

Term	Yr	Cypress	Fullerton
Fall	2009	7,883	9,573
Spring	2010	7,925	9,872
Summer	2010	2,430	4,268
Totals 2009-10		18,238	23,713

total 41,951

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of students enrolled each fiscal year. (Not FTE's)			
Summer			<i>Please see attached</i>
Fall			
Winter/ Intersession			
Spring			
Total			
2. Number of students who paid enrollment fees:			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			
3. Number of students exempted from paying enrollment fees (BOGG, etc):			
Summer			
Fall			
Winter/ Intersession			
Spring			
Total			✓

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: *K. Vyas* Date 1/12/12

Kashu Vyas SIXTEN & ASSOCIATES Accounting Specialist
Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY JAN 12 2012

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

1. Total Number of Students Enrolled in College

SixTen Form: EFCW 1.8-1, #1.

Source: Headcount from CCCO website

Total for Dist

Term	Yr	Cypress	Fullerton
Fall	2010	15,963	22,354
Spring	2011	15,297	21,968
Summer	2011	3,212	5,069
Totals 2010-11		34,472	49,391

= 83,863

2. Total Number of Students Who Paid Enrollment Fees

SixTen Form: EFCW 1.8-1, #2.

Source: Calculated as #1 - #3

Term	Yr	Cypress	Fullerton
Fall	2010	7,839	12,417
Spring	2011	7,157	11,741
Summer	2011	1,183	2,232
Totals 2010-11		16,179	26,390

= 42,569

3. Total Number of Students Waived from Enrollment Fees

SixTen Form: EFCW 1.8-1, #3.

Source: Banner a/o 1/9/12

NOTE: CCCO Website no longer presents the unique counts for BOG.

Since we took this from Banner, we are presenting Fall 2010, Spring 2011 and Summer 2011 below, which is consistent with our academic year info in Banner.

Term	Yr	Cypress	Fullerton
Fall	2010	8,124	9,937
Spring	2011	8,140	10,227
Summer	2011	2,029	2,837
Totals 2010-11		18,293	23,001

= 41,294

RECEIVED BY

JAN 12 2012

Schedule 4-2
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year 2010-2011
 EFCW 1.8-2 Summary

Purpose: To summarize the statistics for Enrollment Fee Collection and Waivers.

Source: EFCW 1.8-2 and North Orange County CCD back-up.

Findings:

- 1.8-2 1. Total number of enrollment fee account receivable requiring collection.

Term/Year	Cypress	Fullerton
Summer 2010	55	112
Fall 2010	146	239
Spring 2011	177	307
	378	658
Total	1,036	

- 1.8-2 2. Total number of enrollment fee refunds due to a change in waiver.

Term/Year	Combined
Summer 2010	1,301
Fall 2010	4,295
Spring 2011	2,948
Total	8,544

*EFC/EFW Workload Multiplier

EFC 4 - Total number of students with enrollment fee accounts receivable (did not pay in full at time of registration)

EFC 5 - Total number of enrollment fee refunds due to change in waiver eligibility and not a result of just a change in class load.

Conclusion: Findings go forward to Schedule 4.

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of enrollment fee accounts receivable requiring collection:			
Summer		<i>Please see attached</i>	
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility			
Summer			
Fall			
Winter/Intersession			
Spring			
Total			✓

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: *K. Vyas* Date 1/21/11
 Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1.

Source: Banner a/o 1/21/11

Term	Yr	Cypress	Fullerton
Fall	2009	154	285
Spring	2010	139	219
Summer	2010	55	112

total 964

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2.

Source: Banner

Term	Yr	Cypress & Fullerton Combined
Fall	2009	3,966
Spring	2010	2,434
Summer	2010	1,301

total, 7701

PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of enrollment fee accounts receivable requiring collection:			
Summer		2	please see attached
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility			
Summer			
Fall			
Winter/Intersession			
Spring			
Total			✓

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: *K. Vyas* Date 1/12/12
Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas 2 2012, at 714-808-4725

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

SIXTEN & ASSOCIATES

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

4. Total Number of Students with Enrollment Fee A/R

SixTen Form: EFCW 1.8-2, #1.

Source: Banner a/o 1/9/12

Term	Yr	Cypress	Fullerton
Fall	2010	146	239
Spring	2011	177	307
Summer	2011	37	53

959 total

5. Total Number of Enrollment Fee Refunds Due to a Change in Waiver Eligibility

SixTen Form: EFCW 1.8-2, #2.

Source: Banner

Term	Yr	Cypress & Fullerton Combined
------	----	------------------------------

Fall	2010	4,295
Spring	2011	2,948
Summer	2011	1,080

8,323

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PROGRAM 267: 308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WAIVER WORKLOAD STATISTICS REPORT

District: North Orange County CCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS		
	08-09	09-10	10-11
1. Number of enrollment fee waivers requested (BOGG etc.)			
Summer			<i>none see attached</i>
Fall			
Winter/Intersession			
Spring			
Total			
2. Number of enrollment fee waivers approved (BOGG, etc.)			
Summer			↓
Fall			
Winter/Intersession			
Spring			
Total			

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: *K. Vyas* Date: 1/12/12
 Kashu Vyas Accounting Specialist
 Employee Name: (print) Position or Title

If you have any questions, please contact Kashu Vyas, at 714-808-4725.

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO _____

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Revised JULY 2010

Did not use #5 appear to be dupicate #5

308/95 Enrollment Fee Collection and Waivers

NOCCCD Confidential

6. Total Number of Enrollment Fee Waivers Requested

SixTen Form: EFCW 1.8-3, #1. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2010-11

24,194

39,943

= 64,137

7. Total Number of Enrollment Fee Waivers Granted

SixTen Form: EFCW 1.8-3, #2. NOTE: Only have annual totals

Source: Banner

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2010-11

24,134

35,265

= 59,399

8. Total Number of Enrollment Fee Waivers Denied

Source: Calculated as #6 - #7

Academic Year	Cypress	Fullerton
---------------	---------	-----------

2010-11

60

4,678

= 4,738

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Schedule 5
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year: 2010-2011
Offset Savings

Purpose: To calculate the offset savings for Enrollment Fee Collection and Waivers.
Source: EFCW 1.8-4 and Schedule 7.
Findings:

Source	Item	10-11
*1.8-4 line 3	Net Enrollment Fees Collected	\$ 9,061,964
p/E.C. 76300 (c)	2% of Revenue Rec'd.	\$ 181,239
Total EFC Offset	To be forwarded to Form-1	\$ 181,239
**1.8-4 line 4A	Enrollment Fees Waived	\$ 8,815,652
p/E.C. 76300 (l) (2)	2% of Fees Waived	\$ 176,313
Unit Fee		
p/E.C. 76300 (l) (2)	Credit unit fee in F/Y	\$ 26.00
Total # of credits	Line 4A divided by unit fee	339,063
p/E.C. 76300 (l) (2)	Total # of credits X p/unit (waived cost \$0.91)	\$ 308,547
Summary		
1.8-4 line 4B.	2% of Fees Waived	\$ 176,313
1.8-4 5.	Credit Units Waived	\$ 308,547
Total EFW Offset Savings	Forward to Schedule 5A	\$ 484,860

*Used Enrollment Revenue reported on Annual Financial and Budget Report for actual year 2010-2011, Object Code 8874.

**Used Enrollment Fees Waived reported by the Chancellor's office. See Schedule 7.

Annual Financial and Budget Report

SUPPLEMENTAL DATA

For Actual Year: 2010-2011

District ID: 860

Name: NORTH ORANGE

Description	Object Code	Fund S11	Fund S12	Fund S10 Total
		Unrestricted	Restricted	General Fund
		Actual	Actual	Actual
Local Revenues	8800			
Property Taxes	8810			
Tax Allocation, Secured Roll	8811	50,078,003		50,078,003
Tax Allocation, Supplemental Roll	8812	687,617		687,617
Tax Allocation, Unsecured Roll	8813	2,886,060		2,886,060
Prior Years Taxes	8816	1,605,936		1,605,936
Education Revenues Augmentation Fund (ERAF)	8817	(480,219)		(480,219)
Redevelopment Agency Funds	8818			0
Contributions, Gifts, Grants, and Endowments	8820	5,000		5,000
Contract Services	8830			
Contract Instructional Services	8831	55,127	30,045	85,172
Other Contract Services	8832	11,495	181,293	192,788
Sales and Commissions	8840	50,599		50,599
Rentals and Leases	8850	1,862,729		1,862,729
Interest and Investment Income	8860	272,101		272,101
Student Fees and Charges	8870			
Community Services Classes	8872	662,656		662,656
Dormitory	8873			0
Enrollment	8874	9,061,964		9,061,964
Field Trips and Use of Nondistrict Facilities	8875			0
Health Services	8876	48,291	1,342,891	1,391,182
Instructional Materials Fees and Sales of Materials	8877	149,279		149,279
Insurance	8878			0
Student Records	8879	177,560		177,560
Nonresident Tuition	8880	3,650,621		3,650,621
Parking Services and Public Transportation	8881		2,016,610	2,016,610
Other Student Fees and Charges	8885	398,350	(2)	398,348
Other Local Revenues	8890	892,267	27,443	919,710
Total Local Revenues	8800	72,075,436	3,598,280	75,673,716
Total Revenues		172,395,294	20,530,178	192,925,472



Student Financial Aid Awards

**Cypress College
Financial Aid Count and Amount By type
For 2010-2011**

Data Current As Of January 18, 2012 08:43:52

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	44	20,293
BOGW - Part B based on income standards	3,544	1,315,483
BOGW - Part C based on financial need	5,635	2,474,238

total 9223
Total Amount = \$ 3,810,014

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Student Financial Aid Awards

Fullerton College
Financial Aid Count and Amount By type
For 2010-2011

Data Current As Of January 18, 2012 08:44:03

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	53	21,099
BOGW - Part B based on income standards	5,252	2,110,642
BOGW - Part C based on financial need	6,184	2,873,897

JMA *11,484*
Total Amount = \$ 5,005,638

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Schedule 5A
 North Orange County Community College District
 308/95 Enrollment Fee Collection and Waivers
 Fiscal Year: 2010-2011
 Enrollment Fee Waivers Offsets

Purpose: To illustrate that waiver offsets for most fiscal years were higher than waiver costs and to show actual waiver offset amount being used on EFCW FORM-1.

Source: Waiver costs from EFCW FORM-1 and Waiver offset from Sch. 5

Findings:

ref	Item	Source (EFCW FORM-1)	2010-11
1	Policies & Procedures for § IV.B.	(04)(B)(1)(a)	\$ 691.00
2	Staff Training	(04)(B)(1)(b)	\$ 296.99
3	Adopting procedures, recording/maintaining records	(04)(B)(2)(a)	\$ 18,124.79
4	Waiving student fees	(04)(B)(2)(b)	\$ 358,936.11
5	Reporting BOG fee waiver data to CCC	(04)(B)(2)(c)	\$ 691.00
6	EFCW - Fee Waiver Costs		\$ 378,739.89
7	Indirect Cost Rate	40.48%	\$ 153,313.91
8	Total EFCW-Fee Waiver Costs	Total	\$ 532,053.80
9	Less: Total Enrollment Fee Waiver Offset	Sch. 5	\$ 484,860.00
10	Fee Waiver Costs to claim after offsets	L8 - L9	\$ 47,193.80
	Offset Amount to Claim	To EFCW FORM-1, line 10	\$ 484,860.00

Conclusion: If line 10 is negative, then line 8-"Total EFCW waiver costs" will be carried forward to EFCW FORM-1, line 10. Otherwise, line 9-"Total Enrollment Fee Waiver Offset" from Schedule 5 will be carried forward to EFCW FORM-1, line 10.

Schedule 6
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2010-2011
Student Headcount Summary

Purpose: To calculate student headcount.

Source: California Community College Chancellor's Office website.

Findings:

Term	Cypress	Fullerton	Total
Summer	5,169	9,132	14,301
Fall	15,963	22,354	38,317
Spring	15,297	21,968	37,265
Total for all Colleges			89,883

Conclusion: Not used. Used data provided by college on EFCW 1.8-1.



Student Demographics

**Student Total Headcount For Cypress
For 2010 Summer Term**

Data Current As Of January 18, 2012 08:39:10

Total Headcount	5,169
------------------------	--------------

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Student Demographics

**Student Total Headcount For Cypress
For 2010 Fall term**

Data Current As Of January 18, 2012 08:39:19

Total Headcount	15,963
------------------------	---------------

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Student Demographics

**Student Total Headcount For Cypress
For 2011 Spring Semester**

Data Current As Of January 18, 2012 08:39:32

Total Headcount	15,297
------------------------	--------

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Student Demographics

**Student Total Headcount For Fullerton
For 2010 Summer Term**

Data Current As Of January 18, 2012 08:40:01

Total Headcount	9,132
------------------------	-------

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Student Demographics

**Student Total Headcount For Fullerton
For 2010 Fall term**

Data Current As Of January 18, 2012 08:39:54

Total Headcount	22,354
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Student Demographics

**Student Total Headcount For Fullerton
For 2011 Spring Semester**
Data Current As Of January 18, 2012 08:39:44

Total Headcount	21,968
------------------------	---------------

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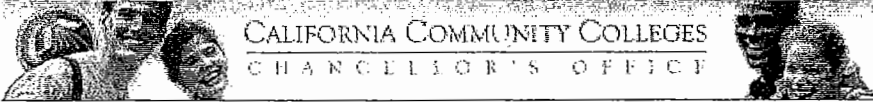
Schedule 7
North Orange County Community College District
308/95 Enrollment Fee Collection and Waivers
Fiscal Year 2010-2011
Financial Aid Headcount and Amount Summary

Purpose: To summarize Financial Aid student count and enrollment fees waived.
Source: California Community Colleges Chancellor's Office website.
Findings:

College	Headcount	Financial Aid \$
Cypress	9,223	\$ 3,810,014
Fullerton	11,489	\$ 5,005,638

TOTAL 20,712 \$ 8,815,652

Conclusion: Findings go forward to Schedule 4 and Schedule 5.



Student Financial Aid Awards

Cypress College
Financial Aid Count and Amount By type
For 2010-2011

Data Current As Of February 21, 2012 12:45:41

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	44	20,293
BOGW - Part B based on income standards	3,544	1,315,483
BOGW - Part C based on financial need	5,635	2,474,238

9225

Total Amount = \$ 3,810,014

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Student Financial Aid Awards

**Fullerton College
Financial Aid Count and Amount By type
For 2010-2011**

Data Current As Of February 21, 2012 12:45:58

[Download The Result In Comma Delimited Format](#)

Financial Aid Type	Headcount	Total Amount
BOGW - Part A basis unreported	53	21,099
BOGW - Part B based on income standards	5,252	2,110,642
BOGW - Part C based on financial need	6,184	2,873,897

11,489
Total Amount = \$ 5,005,638

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NEEDED PHRS FOR EFCW 2010-2011

NAME	TITLE	% RESTRICTED FUNDS	10-11 PHR
Baeza, Megan	Student Hourly	0%	8.18
Conner, Kevin	Student Hourly	0%	8.15
Do, Nghia M.	Accounting Technician	100%	44.54
Dodge, Zachary	Work Study	--	--
Duarte, Sherry	Accounting Technician	33%	39.54
Esparza, Christian	Work Study	100%	8.12
Guillen-Soto, Teresita	Financial Aid Technician	99%	40.01
Gutierrez, Karina	Student Hourly	0%	8.73
Hinojos, Kathryn	Student Hourly	0%	8.15
Jenkins, Sabrina	A&R Specialist	4%	47.08
Masayeva, Darren	Student Hourly	0%	9.26
Stone, Claudia Mojica	Student Services Specialist	100%	41.42
Morales, Karina	Cashier/Registration Clerk	0%	8.79
Reza, Garrett	Clerical Assistant I	0%	30.30
Solis, Samantha	Student Hourly	0%	8.12

Started in 11/12

Not "Mojican Stone, Claudia"

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CALIFORNIA COMMUNITY COLLEGES
MONTHLY PAYMENT SCHEDULE
2010-11 SECOND PRINCIPAL APPORTIONMENT

EXHIBIT A

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ORANGE COUNTY

PROGRAM	AMOUNT CERTIFIED	TOTAL PAID THRU. MAY 2011	JUNE PAYMENT	TOTAL PAID THRU. JUNE 2011
GENERAL APPORTIONMENT	91,474,795	68,614,182	1,152,681	69,766,863
ENROLL FEE ADMIN (2%)	136,623	125,693	10,930	136,623
APPRENTICE ALLOWANCE	11,701	10,765	936	11,701
BASIC SKILLS	855,374	786,944	68,430	855,374
S. F. A. A.	1,007,839	927,212	80,627	1,007,839
E. O. P. S.	1,435,565	1,320,720	114,845	1,435,565
C. A. R. E.	215,100	196,372	18,728	215,100
D. S. P. S.	1,707,572	1,565,997	141,575	1,707,572
STATE HOSPITALS	0	0	0	0
CALWORKS	454,111	405,733	48,378	454,111
MATRICULATION (CREDIT)	896,535	824,812	71,723	896,535
MATRICULATION (NONCREDIT)	641,280	589,978	51,302	641,280
EQUAL EMPLOYMENT OPPORTUNITY	13,862	12,753	1,109	13,862
PART-TIME FACULTY ALLOCATION	769,652	708,080	61,572	769,652
TELECOMMUNICATIONS	0	0	0	0
INST. EQUIPMENT & LIBRARY	0	0	0	0
SCHDL. MAINT. & REPAIRS	0	0	0	0
TANF	142,837	131,410	11,427	142,837
ECONOMIC DEVELOPMENT	0	0	0	0
NURSING EDUCATION	132,437	111,247	0	111,247
OTHER ADJUSTMENTS	0	0	0	0
STATE CAREER TECH. EDUCATION (2010-11)	0	0	0	0
STATE CAREER TECH. EDUCATION (2009-10)	530,000	0	530,000	530,000
CHILDCARE TAXBAILOUT	0	0	0	0
TRANSFER & ARTICULATION	0	0	0	0
PART-TIME FAC OFFICE HOURS	224,315	206,370	17,945	224,315
PART-TIME FAC INS.	5,260	4,839	421	5,260
PRIOR YEAR CORRECTION	14,883	14,883	0	14,883
PYC JUNE 2011 ADJ (2009-10 DSPTS)	-3,705	0	-3,705	-3,705
TOTAL	100,666,036	76,557,990	2,378,924	78,936,914

North Orange County Community College District
 3095 Enrollment Fee Collection and Waiver
 Fiscal Year 2010-2011
 Needed PHRs

NEEDED PHRS FOR EFCW 2010-2011

NAME	TITLE	% RESTRICTED FUNDS	10-11 PHR
Baeza, Megan	Student Hourly	0%	8.18
Conner, Kevin	Student Hourly	0%	8.15
Do, Nghia M.	Accounting Technician	100%	44.54
Dodge, Zachary	Work Study	--	--
Duarte, Sherry	Accounting Technician	33%	39.54
Esparza, Christian	Work Study	100%	8.12
Guillen-Soto, Teresita	Financial Aid Technician	99%	40.01
Gutierrez, Karina	Student Hourly	0%	8.73
Hinojos, Kathryn	Student Hourly	0%	8.15
Jenkins, Sabrina	A&R Specialist	4%	47.08
Masayesva, Darren	Student Hourly	0%	9.26
Stone, Claudia Mojica	Student Services Specialist	100%	41.42
Morales, Karina	Cashier/Registration Clerk	0%	8.79
Reza, Garrett	Clerical Assistant I	0%	30.30
Solis, Samantha	Student Hourly	0%	8.12

Started in 11/12

Not "Mojican Stone, Claudia

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MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
	AVERAGE GROUNDSKEEPER			
	AVERAGE HOURLY SUPPORT STAFF			
	AVERAGE INSTRUCTOR			
	AVERAGE MANAGER			
	AVERAGE TECHNICIAN			
ABADZHYAN, SUSANNA	FC-FINANCIAL AID TECHNICIAN	99.6	\$ 37.63	40.01
ABUTIN, ALBERT	DEAN, Admissions & Records	0	\$ 80.40	88.37
ACIERNO, MICHAEL	WAREHOUSE COORDINATOR	0	\$ 46.48	48.58
ADAKAI, ERICKA	ADMINISTRATIVE ASSISTANT II	0	\$ 36.30	38.48
AGUIRRE, GRISELDA	Hrly - Clerical/Secretarial	0	\$ 8.29	8.73
AGUIRRE, MARIA	FINANCIAL AID TECHNICIAN	100	\$ 40.79	41.05
ALCARAZ, JOSE	FINANCIAL AID TECHNICIAN	4.2	\$ 41.16	42.38
X ALDRETE, GUADALUPE	HOURLY CLERICAL/SECRETARIAL			
ALMARAZ, ARTURO	CLERICAL ASSISTANT-1 <i>Terminated 8/31/10</i>	0	\$ 38.25	53.18
ALTON, MEG	ADMISSIONS & RECORDS TECH	0	\$ 37.23	39.39
X ASAM, JOHN	HOURLY SUPPORT STAFF			

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
ATKINS, BLANCA	ADMISSIONS & RECORDS TECH	0	\$ 33.40	35.52
AYON, VIOLET	EXECUTIVE ADMINISTRATIVE AIDE to Chancellor	0	\$ 68.23	69.30
BANDYOPADHYAY, SAN TANU	DIRECTOR, INST RESEARCH/ PLANNING	0	\$ 78.91	82.79
BARROW, LINDA	HUMAN RESOURCES SPECIALIST	0	\$ 56.05	58.16
BARTLETT, KIM	DIRECTOR, Disabled Student Pgms/Svs	0	\$ 84.18	84.85
BOSS, JENNIFER	Hourly - Clerical Secretarial		\$ 8.65	—
BEARD, CLAUDIA	ACCOUNT CLERK II	0	\$ 41.94	44.71
X BECERRA, JUAN CARLOS	STUDENT HOURLY			
BECERRIL, SHELLEY	HOURLY - CLERICAL/SECRETARIAL	0	\$ 10.84	12.13
X BEJLER, RON	DIST. DIRECTOR FACILITIES - retired 12/31/08			
BENNETT, BARBARA	INSTRUCTOR	0	\$ 72.02	71.80
X BENTENDORE, RAM	ADMINISTRATIVE ASSISTANT III - retired 5/30/09			
X BURCHFIELD, JERRY	INSTRUCTOR - RETIRED 5/22/09			
EUSTOS, RAYMOND	FINANCIAL AID TECHNICIAN	0.03	\$ 47.87	48.62
GALDERON-TENEZA, ROSELLE	FINANCIAL AID TECHNICIAN	100	\$ 40.87	43.81
GANT, KAREN	VICE PRESIDENT, ADMINISTRATIVE SERVICES	0	\$ 104.90	106.09

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
CARNES, MATT	FACILITIES CUSTODIAN I	0	\$ 33.63	34.07
CARO, BARBARA	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 46.71	51.98
CARRITHERS, JOSEPH	INSTRUCTOR	0	\$ 81.47	83.02
CHAMBERS, TERRY	BENEFITS COORDINATOR	0	\$ 42.54	52.56
CHANG, LY	EVALUATOR	0	\$ 39.12	39.82
COBB, KEITH	DIRECTOR, FINANCIAL AID	0	\$ 71.38	75.02
CORDELL, BRUCE	DIV DEAN, NATURAL SCIENCES	0	\$ 89.92	101.49
CORIA, YESSENIA	HOURLY SUPPORT STAFF		\$ 10.76	—
COTTER, SANDRA	EXECUTIVE ASSISTANT III	0	\$ 63.64	64.37
COTTON, ANTIONESE	ADMINISTRATIVE ASSISTANT II	0	\$ 41.14	42.74
COURTNEY, MARLENE	EVALULATOR SPECIALIST	0	\$ 47.60	50.34
CRAIG, DALE	INSTRUCTOR	0	\$ 95.92	90.90
CREASMAN, STEPHANIE	HOURLY - CLERICAL/SECRETARIAL		\$ 9.16	—
CRUZ, CARRIE	CLERICAL ASSISTANT I	0.03	\$ 35.41	36.96
DAILEY, NANCY	HUMAN RESOURCES SPECIALIST	0	\$ 51.21	52.05
DAIN, CLAUDETTE	DISTRICT DIRECTOR, FISCAL AFFAIRS	0	\$ 98.74	100.18

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	FISCAL YEARS:	
			09-10	10-11
DAVIS, CHRISTY A.	ADMISSIONS & RECORDS SPECIALIST	0	\$ 41.11	42.00
DAXON, REGINA	INSTRUCTIONAL ASSISTANT, COMPUTER LAB	0	\$ 42.37	44.83
DEAN, BRIAN	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 36.90	39.06
DeMARKEY, NINA	DIVISION DEAN, SOCIAL SCIENCES	0	\$ 89.05	93.61
DIESENBRUCH, ROSEMARY	ACCOUNTING TECHNICIAN	0	\$ 41.14	42.67
DO, DAO	OFFICE COORDINATOR <i>Manager, Campus Accounting</i>	0	\$ 48.03	56.33
DO, FIELD	EVALUATOR	4.3	\$ 43.53	46.29
DOFFONEY, NED	CHANCELLOR	0	\$ 160.18	160.92
DONLEY, STEVEN	DIVISION DEAN, CAR TECH ED/ECON DEV	6.2	\$ 98.43	98.97
DOOLY, GEORGE	COUNSELOR - <i>Retired 6/30/10</i>		\$ 73.42	—
DRISDOM, CHRIS	HOURLY- CLERICAL/SECRETARIAL	0	\$ 8.14	8.14
DUNCAN, STEPHEN	DISTRICT DIRECTOR, HUMAN RESOURCES	0	\$ 98.96	98.96
EBRIGHT, JAMI	ACCOUNT CLERK II	0	\$ 34.91	36.75
EDWARDS, ARNETTE	FINANCIAL AID TECHNICIAN	0	\$ 52.47	46.07
FANGMEYER, DANIEL	SKILLED MAINT ASSISTANT <i>Facilities Custodian 1</i>	0	\$ 35.72	36.73
FELIX, ANA	ADMISSIONS & RECORDS SPECIALIST	100	\$ 54.00	54.88

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
FIGHERA, CHRISTINE	DIRECTOR, PHYSICAL PLANT/FACILITIES	0	\$ 88.26	89.44
FISHMAN, DARLENE	DIRECTOR, NURSING	0	\$ 84.65	85.12
FITZGERALD, COLLEEN	HOURLY - CLERICAL/SECRETARIAL			
FORD, REGINA	REGISTRAR	0	\$ 77.53	78.51
FOSTER, PATRICIA	ADMISSIONS & RECORDS COORDINATOR	0	\$ 62.98	63.93
FRANKS, JOSEPH	INSTRUCTOR	0	\$ 87.01	80.94
FUNAOKA, LISA	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 37.92	39.20
GALVEZ, EVERADO	HOURLY - CLERICAL / SECRETARIAL	100	\$ 17.55	17.36
GAMBOA, JORGE	INTERIM MANAGER, SCE ESL/SPEC ED PRGRM	0	\$ 66.95	70.13
GARCIA, ADRIAN	HOURLY - CLERICAL/SECRETARIAL	0	\$ 8.12	8.48
GARCIA, ANA ROSA	FINANCIAL AID TECHNICIAN	99.2	\$ 29.76	32.90
GISKA, MARY LOUISE	DIRECTOR COLLEGE HEALTH SERVICES	100	\$ 75.75	76.39
GOMBER, BRIAN	SKILLED MAINT ASSISTANT <i>Facilities Custodian 1</i>	0	\$ 37.58	38.06
GOMBER, MONA LISA	ADMINISTRATIVE ASSISTANT III	0	\$ 52.95	54.29
GREENHALGH, MARK	DIV DEAN, MATH/COMPUTER SCIENCES	0	\$ 93.17	93.82
GREIN, CYNDI	MANAGER, CAMPUS ACCOUNTING	0	\$ 64.79	68.03

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
GRIMES, KELLY	EOPS PROGRAM COORDINATOR	100	\$ 56.71	59.57
GUZMAN, ELIZABETH	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 40.35	41.01
HA, JACQUELINE	FINANCIAL AID TECHNICIAN	6	\$ 48.05	48.77
HALCOMB, JOHN	HOURLY - CLERICAL / SECRETARIAL	0	\$ 8.65	9.13
HARTER, RENIE	MANAGER, CAMPUS ACCTING - Retired 1/5/11	0	\$ 72.15	84.77
HEBSON, CHRISTINE	IT SPECIALIST/ SYSTEMS APPLICATION	0	\$ 63.65	67.68
HENRY, DIANE	DIVISION DEAN, PHYSICAL EDUCATION	0	\$ 95.03	95.74
HENRY, KEVIN	HOURLY - CLERICAL/ SECRETARIAL	0	\$ 13.39	13.52
HERNANDEZ PULIDO, ERANDIRA	HOURLY - CLERICAL/SECRETARIAL		\$ 9.62	—
HERNANDEZ, JERI	ADMINISTRATIVE ASSISTANT II	0	\$ 39.31	39.98
HERRERA, EDGAR ALEX	INSTRUCTOR	0	\$ 78.16	83.28
HINOJOS, ANTONIA	HOURLY - CLERICAL/ SECRETARIAL	0	\$ 10.29	10.49
HOBSON, TORI	HOURLY - CLERICAL / SECRETARIAL			—
HODGE, KATHLEEN	VICE CHANCELLOR - INSTRUCTION Left District 6/30/10		\$ 159.34	—
HORSLEY, JEFF	VICE CHANCELLOR, HUMAN RESOURCES	0	\$ 138.91	139.47
HORTON, LINDSAY	HOURLY - CLERICAL/SECRETARIAL			—

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
HUBBARD, VANIETHA	DEAN, SCE INSTR/STUDENT SRVCS	0	\$ 77.58	86.61
HUYNH, JOHN	FINANCIAL AID TECHNICIAN <i>Left District w/30/09</i>		\$ 37.26	—
JENSEN, ROBERT	DIV DEAN, FINE ARTS	0	\$ 96.80	97.52
JIMENEZ, PETER	HOURLY - CLERICAL/SECRETARIAL			—
JONES, LaQUITA	FINANCIAL AID TECHNICIAN	100	\$ 34.51	37.14
KANAAN, JIHAD (JAY)	ACCOUNTING TECHNICIAN	20	\$ 45.43	46.04
KASLER, MIKE	PRESIDENT, CYPRESS COLLEGE	0	\$ 133.37	138.65
KIM, DAN HO	HOURLY - CLERICAL/SECRETARIAL			—
LaHOOD, MATT	HOURLY STAFF			—
LARSEN, DENISE <i>SIMPSON</i>	PROGRAM ASSISTANT/DSPS	75	\$ 69.91	71.30
LARSON, NANCY	OFFICE COORDINATOR <i>Left District 6/30/10</i>		\$ 54.41	—
LEDEZMA, ELIZABETH	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 34.51	36.38
LEE, PAT	DISTRICT MGR PAYROLL	0	\$ 76.04	77.20
LEOPOLD, MAUREEN	ACCOUNTING SPECIALIST	0	\$ 54.97	55.49
LEOPOLD, RYAN	HOURLY		\$ 8.14	—
LOPEZ, ERNESTO	HOURLY	0	\$ 8.13	9.89

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
LOUIE-JEU, KIM	EVALUATOR	99.6	\$ 40.92	42.01
LUCERO, CHERYL	FINANCIAL AID TECHNICIAN <i>Left District 11/30/09</i>	0	\$ 38.37	—
LUDFORD, DEBORAH	DIRECTOR, INFORMATION SERVICES	0	\$ 95.73	96.14
LUSCH, ROD	SKILLED MAINTAINANCE MECH	0	\$ 53.24	55.33
LUVIANO, ELIZABETH	HOURLY		\$ 11.49	—
MAERTENS, TINA	CLERICAL ASSISTANT I	0	\$ 38.68	45.15
MAHONEY, LESLIE	ACCOUNT CLERK II	0	\$ 38.62	40.54
MAJDALI, UMAIYLAH (EMILY)	HOURLY ACCOUNTING TECHNICIAN			—
MARTINEZ, DELORES	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 38.96	40.38
MASSE, AILED	HOURLY		\$ 9.68	—
MATTSON, CAROL	DEAN, ACADEMIC SERVICES	0	\$ 90.97	95.12
McCLOUD, EDWARD	INSTRUCTOR, <i>Accounting</i>	0	\$ 78.34	92.43
MEDINA, FABIAN	HOURLY		\$ 9.68	—
MEINERT, GAIL A	REGISTRATION CLERK - <i>Hourly</i>		\$ 25.86	—
MEINERT, SARAH	HOURLY	0	\$ 16.09	16.28
MELELLA, LAURA	INSTRUCTOR	0	\$ 93.43	91.89

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
MILLER, JOHN	ACCOUNTING TECHNICIAN	0	\$ 40.30	42.03
MIRANDA, ALBERT	DIRECTOR, PHYSICAL PLANT/ FACILITIES	0	\$ 93.40	95.89
MIRANDA, MIGUEL	FACILITIES COORDINATOR	0	\$ 40.90	42.97
MIRANDA, ROBERT	DEAN, STUDENT SUPPORT SERVICES	0	\$ 86.44	90.70
MIRANDA, SANDRA	EVALUATOR	0		39.15
MONTANO, DIANE	MANAGER, CHILD CARE CENTER			—
MONTENEGRO, CHRISTY (SEE DAVIS)	ADMISSIONS & RECORDS TECHNICIAN			—
MOORE, MICHAEL	INTERIM DEAN, TECHNOLOGY / ENERGY	0	\$ 82.05	96.52
MORALES, LISA	ACCOUNTING TECHNICIAN	0	\$ 44.08	44.08
MORGAN, ROBERT	FACILITIES CUSTODIAN II	0	\$ 32.66	34.53
MORISON, ROBERT	MGR, INSTR TECHNOLOGY SERVICES	0	\$ 76.74	77.88
MORRIS, CHARMAINE	HOURLY - CLERICAL/ SECRETARIAL	0	\$ 8.24	8.62
MORRISSEY, NICOLE	HOURLY		\$ 8.15	—
MOSLEY, AMELIA	CLERICAL ASSISTANT I	0	\$ 40.06	39.16
MURILLO, VANESSA <i>Gonzales</i>	ACCOUNTING TECHNICIAN	0	\$ 36.35	39.40
NEGRETE, RENA	INTERIM REGISTRAR	0	\$ 57.63	62.77

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
NELSON, BRITTANY	HOURLY REGISTRATION			
NELSON, JANICE	BUSINESS OFFICE SPECIALIST	0	\$ 49.56	51.43
NGUYEN, COLE	HOURLY	0	\$ 8.14	9.89
NGUYEN, DUSTIN TUAN	ADMISSIONS & RECORDS SPECIALIST	0	\$ 45.11	51.25
NICCOLAI, NILO	DIRECTOR ACAD. COMP TECHN <i>Left District 6/30/16</i>		\$ 95.17	
NOVISOFF, ANNA MARIE	ADMIN ASSISTANT III	0	\$ 53.46	54.15
O'CONNOR, ADAM	DIRECTOR BUDGET/FINANCE	0	\$ 99.15	100.64
OROPEZA, ELAINE	FINANCIAL AID TECHNICIAN	54.4	\$ 43.65	44.41
OROPEZA, LOURDES	FINANCIAL AID TECHNICIAN	100	\$ 48.45	54.99
PADILLA, JAYME	EVALUATOR	0	\$ 36.73	38.89
PALMER, SANDRA	EXECUTIVE ASSISTANT III	0	\$ 55.54	56.34
PARISI, TOM	DEAN, SCE INSTRUCTOR/STUDENT SERVICES		Retired	
PATAKAS, JOHN (BRADSHAW)	ADMISSIONS & RECORDS TECHNICIAN			
PEREZ, DENISE	HOURLY - CLERICAL/ SECRETARIAL	0	\$ 9.29	9.29
PEREZ, GUY	FACILITIES ASSISTANT	0	\$ 33.56	34.28
PEREZ, JENNIFER	PUBLIC INFORMATION OFFICER	0	\$ 71.18	72.15

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
PEREZ, VERONIKA	HOURLY STAFF			
PIERCE, RITA	PROGRAM ASSISTANT, SCE Kcoll/Prntg/HMh	0	\$ 66.97	71.65
PLESCHER, SARAH	HOURLY - CLERICAL/ SECRETARIAL	0	\$ 8.12	8.20
PORTOLAN, JANET	VP, EDUCATION SUPPORT & PLANNING <i>left District 6/30/10</i>		\$ 116.55	—
POSNER, MARC	PUBLIC INFORMATION OFFICER	7.7	\$ 71.26	72.36
PURTELL, VALENTINA	DEAN, SCE INSTRUCTION/STUDENT SERVICES	0	\$ 80.37	84.28
QUAN, LINH	ACCOUNTING SPECIALIST	0	\$ 44.91	45.68
QUILIZAPA-TORRES, CLAUDIA	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 32.75	34.85
RACANIELLO, JOE	ELECTRICIAN	0	\$ 56.37	69.82
RAMOS, AMANDA	CLERICAL ASSISTANT I			
REDD, LINDA	EVALUATOR	0	\$ 39.24	39.85
REHA, DELORES	INSTRUCTOR, <i>Business</i>	0	\$ 88.37	85.98
REID, DENISE	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 34.59	36.78
REZA, ALAN	FINANCIAL AID TECHNICIAN	32.5	\$ 48.79	49.95
RIOS, BRIANNA	HOURLY		\$ 8.12	—
ROBINSON, KENNETH I	DIRECTOR, EQUITY & DIVERSITY	0	\$ 83.73	84.47

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
RODGERS, CAROLANNE	INSTRUCTOR, CIS	12.6	\$ 128.25	107.79
ROSAS, JESSICA	HOURLY	0	\$ 8.14	9.89
RYAN, GREG	DIRECTOR, FINANCIAL AID & VETERANS SERVICES	0	\$ 65.43	69.10
SAGHAEI, AZAR	HOURLY		\$ 9.31	—
SALGEDO, DANIEL	ADMINISTRATIVE ASSISTANT I	50	\$ 38.05	39.24
SALDIVAR, DIGNA	HOURLY		\$ 8.12	—
SAMALA, BRITTANY	HOURLY	0	\$ 11.67	11.73
SANBORN, JACKIE	ADMINISTRATIVE ASSISTANT III	0	\$ 58.70	60.79
SANDOVAL, REBECA	FINANCIAL AID TECHNICIAN	29.2	\$ 47.38	52.93
SAUCEDO, ESTHER	HR SPECIALIST	0.06	\$ 53.00	54.53
SCHULZ, GREG	DEAN, COLLEGE INSTRUCTOR / STUDENT SERVICES		LEFT DISTRICT	
SCHWIEBERT, LAURIE	ADMINISTRATIVE ASSISTANT I	100	\$ 38.34	52.90
SEFRIED, DANIEL	IRRIGATION SPECIALIST <i>Grounds Keeper</i>	0	\$ 36.07	51.41
SHAH, MIHIR	HOURLY -CLERICAL/SECRETARIAL	0	\$ 8.12	8.53
SHAKERI, SIAVASH	HOURLY		\$ 8.14	—
SHRACK, AMY	ADMINISTRATIVE ASSISTANT II	8.6	\$ 41.79	45.04

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME: North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
SIERRA, JAVIER	MGR, MAINTENANCE / OPERATIONS	0	\$ 52.23	54.81
SIMPSON, ROBERT	EXECUTIVE VP	0	\$ 108.39	109.27
SMEAD, RICHARD	INSTRUCTOR	0	\$ 77.29	77.26
SMITH, FRANK	DIRECTOR ACAD. COORD. TECHNICAL		LEFT DISTRICT	
SMITH, SHIRLEY	DIRECTOR, CAMPUS PUBLIC SAFETY	100	\$ 61.65	62.47
SPARGO, DEBORAH	ACCOUNTING TECHNICIAN	0	\$ 40.80	43.55
SPENCER, NORA	INSTRUCTOR, CIS	0	\$ 70.66	69.01
ST JOHN, PAUL	INSTRUCTOR, Accounting	0	\$ 78.21	85.75
TAYLOR, CHRISTOPHER	IT SPEC SYS APPLICATION	0	\$ 61.27	61.92
TERRY, CHRISTINE	PROVOST	0	\$ 112.28	116.55
TESAR, DAN	DIVISION DEAN, Social Sciences	0	\$ 96.17	96.89
THOMPSON, JEANNE	STUDENT SERVICES TECHNICIAN	85.6	\$ 39.82	43.29
TOM, STEPHEN	ADMISSIONS & RECORDS TECHNICIAN	0	\$ 37.17	34.45
TOPETE, ALBA Recinos	EXECUTIVE ASSISTANT II	0	\$ 49.01	50.82
TORRES-GUTIERREZ, MARTHA	INTERIM DEAN, SCE INST/STUDENT SERVICES	8.9	\$ 81.95	86.28
TRAN, KIMBERLY	FINANCIAL AID TECHNICIAN	100	\$ 43.69	44.70

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

COMMUNITY COLLEGE DISTRICT NAME:

North Orange County CCD

FISCAL YEARS:

Name	Title	% of Salary Pd from Restricted Funds	09-10	10-11
TRUONG, JASON	CLERICAL ASSISTANT I			—
TUSHLA, NICOL	EVALUATOR	0	\$ 44.92	46.39
VARGAS, MIRNA	ACCOUNTING SPECIALIST	0	\$ 41.37	44.58
VILLAROMAN, ANDREA	HOURLY		\$ 9.08	—
VILLEGAS, FATIMA	FINANCIAL AID TECHNICIAN	100	\$ 35.16	37.25
VYAS, KASHU	ACCOUNTING SPECIALIST	0	\$ 42.74	45.24
WALLACE NORING, CHRISTIE	DIRECTOR, PUBLIC AFFAIRS <i>Left District 3/31/10</i>		\$ 142.45	—
WALLACE, TOM	MANAGER, IT TECHNICAL SUPPORT	0	\$ 86.82	87.93
WASSENAAR, DAVE	DIVISION DEAN, ADMISSIONS & RECORDS	0	\$ 95.15	95.84
WHITEHURST, DOROTHY	DISTRICT DIRECTOR, PURCHASING	0	\$ 78.70	89.13
WHITLOW, ZACHARY	HOURLY		\$ 9.85	—
WICKS, LORRAINE	MANAGER, SCE SENIORS PROGRAM	0	\$ 82.33	104.66
WILLIAMS, FRED	VICE CHANCELLOR, FINANCE & FACILITIES	0	\$ 135.27	141.63
WILLOUGHBY, DAN	DIVISION DEAN, HUMANITIES	0	\$ 96.03	99.56
WILSON, MARCUS	INSTRUCTOR, <i>Business</i>	0	\$ 114.60	104.11
YOUNG, ELDON	DIV DEAN, LANGUAGE ARTS	0	\$ 94.13	94.62

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On July 7, 2016, I served the:

**Incorrect Reduction Claim (IRC) Filing; and Notice of Complete Filing
and Schedule for Comments**

Enrollment Fee Collection and Waivers, 15-9913-I-02

Education Code Section 76300

California Code of Regulations, Title 5, Sections 58501-58503,
58611-58613, 58620, and 58630

Fiscal Years: 1998-1999, 1999-2000, 2000-2001, 2001-2002, 2002-2003, 2003-2004,
2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, and 2010-2011

North Orange County Community College District, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on July 7, 2016 at Sacramento, California.



Jill L. Magee

Commission on State Mandates

980 Ninth Street, Suite 300

Sacramento, CA 95814

(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 7/6/16

Claim Number: 15-9913-I-02

Matter: Enrollment Fee Collection and Waivers

Claimant: North Orange County Community College District

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

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