

**CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE**

**ATTENDANCE ALLOWANCE REQUEST DUE TO EMERGENCY CONDITIONS**

(This form is for districts seeking general and categorical apportionment financial relief and a 175-day waiver due to adverse conditions impacting their districts, pursuant to Title 5, Section 58146.)

\_\_\_\_\_ COLLEGE \_\_\_\_\_ DISTRICT

**SECTION I. NATURE OF REQUEST AND EMERGENCY**

- A. Period of Emergency: From \_\_\_\_\_ To \_\_\_\_\_  
(Indicate day(s) and if partial days are involved indicate time of day.)
- B. Is this a request for waiver of the 175-day requirement? \_\_\_\_\_
- C. Number of days the regular day college will be maintained during the academic year \_\_\_\_\_ (T5 58142)
- D. Briefly describe the nature of the emergency (attach additional pages if necessary).

If the full-time equivalent student (FTES) of the district has not been materially decreased and only a waiver of the 175-day requirement is requested, do not complete Section II.

**SECTION II. STUDENT CONTACT HOURS**

Except in extreme cases, only courses on positive attendance should be impacted.

Time Period	Number of Days Instructional Activities Were Scheduled	Total Student Contact Hours Generated in Courses	
		Noncredit	Credit
A. Week(s) of the emergency			
B. The two weeks immediately preceding the emergency.*			
C. The two weeks immediately succeeding the emergency.*			

\* For the same courses affected by the emergency conditions.

Please attach any information which will substantiate the above data.

<p><b>District Contact Information:</b></p> <p>Name _____</p> <p>Phone No. _____</p> <p align="right">(See Certification on Page 2)</p>
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**SECTION III: CATEGORICAL:** (Attach separate documentation/justification describing the categorical programs you are seeking relief for)

**SECTION IV. CERTIFICATIONS**

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Failure to complete the following certifications as required will cause this report to be returned or disallowed.

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**AFFIDAVIT OF DISTRICT GOVERNING BOARD**

At least a majority of the members of the Governing Board shall execute the affidavit provided for this form.

We, members constituting a majority of the Governing Board of the Community College District hereby swear (or affirm) that the foregoing statements are true and based on official district records.

Subscribed and sworn to (or affirmed) before me,

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signed \_\_\_\_\_ \*

Title \_\_\_\_\_

of \_\_\_\_\_ County,

California

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Signatures

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\*Note: This oath may be administered by any person authorized to administer oaths, including holders of positions mentioned in Education Code Section 60, but excluding school trustees and members of board of education.

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**Email the completed report to:**  
**ccfs320admin@cccco.edu**