

CALIFORNIA COMMUNITY COLLEGES

**ATTENDANCE ALLOWANCE REQUEST AND/OR WAIVER
OF 175-DAY REQUIREMENT BECAUSE OF EMERGENCY CONDITIONS
PURSUANT TO CALIFORNIA CODE OF REGULATIONS, 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 effected by the emergency conditions.

Please attach any information which will substantiate the above data.

<p>For Supplemental Information Contact:</p> <p>Name _____</p> <p>Phone No. _____</p> <p align="right">(See Certification on Page 2)</p>

SECTION III. CERTIFICATIONS

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

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

Signatures

*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.

Forward the completed report to:
Fiscal Services Unit
California Community Colleges
1102 Q Street, Fourth Floor
Sacramento, CA 95814
Attention: Elias Regalado