Employee Time Record Sheet for Mandated Costs 764/99 INTEGRATED WASTE MANAGEMENT (CCD) 2. ONGOING PLAN IMPLEMENTATION

Form Instructions

The purpose of this time record is to collect information on employee time spent working on programs mandated by the state. *Do not report any time on this form if it has been already reported on form 1.6B -2.*

Employee Information

Your name, exact job title, time spent, and description of the activity is required by the State Controller to support the annual claim for reimbursement. The department and location information is used to obtain payroll information when necessary for determining the cost of the time spent on the program.

Activity Description:

- Code 5 <u>College Coordinator</u>: Coordination duties not specific to other activity codes.
- Code 6 <u>Plan Implementation</u>: Implementing the Plan for all activities other than source reduction, recycling and composting activities. See form IWM 1.6 A-3 to report specific activities.
- Code 7 Accounting System: Developing, implementing, and maintaining an accounting system to enter and track: source reduction, recycling and composting activities, the cost of those activities, and the proceeds from the sale of any recycled materials.
- Code 8 Annual Report: Annually preparing and submitting a report to the IWM Board summarizing the district's progress in reducing solid waste.

On the back of this sheet is a time sheet to report your participation in the mandated program. Indicate the time spent on each of the reimbursable activities.

If your activity generates work product such as policy statements, forms, brochures, meeting agenda materials, please send them along with these forms for our files.

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District: Sa	an Mateo	Co	unty	Community College District Fiscal Y	ear:	
Employee Name				Exact Position Title	12mo/11mo/10mo/hrly	
Dept. & Location						
Code 6 Plar com Code 7 Accor sour sale Code 8 Ann	ege Coord Implement posting accuming Syrce reduction of any recual Report	linatentation ctivition cster on, concless cycles t: An	or: Con: ies. m: Drecyded m	Coordination duties not specific to other activity code Implementing the Plan for activities other than sour See form IWM 1.6 A-3 to report specific activities. Developing, implementing, and maintaining an accou- cling and composting activities, the cost of those ac aterials. Ily preparing and submitting a report to the IWM Boa olid waste.	ce reduction, recunting system to tivities, and the p	enter and track: proceeds from the
NOTE: C	nly one	e co	ode	entry per line.		1
Date:	Activity Code (circle one):			Describe Activity:	Time in Hours	Materials Costs & Expenses:
	5 6	7	8			
	5 6	7	8			
	5 6	7	8			
	5 6	7	8			
	5 6	7	8			
	5 6	7	8			
	5 6	7	8			
	5 6	7	8			
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				n available to substantiate reported time a gendas, calendar notes, invoices for equip	•	
record of da form certifie under the pe	ta for stat s that you enalty of p	te m u ha perji	nanc ve r ury t	N: The State of California requires that school lates in order for the district to receive reimburs eported actual data or have provided a good fate true and correct based on your personal laccounting purposes only.	sement. Your aith estimate wh	signature on this nich you "certify
Employee S	ignature			Date		
If you have	any ques	tion	s, pl		, at $\frac{358-674}{}$	<u> </u>
PI FASE SUBMIT THIS INFORMATION BY TO Suki Chang						