

SixTen and Associates

MANDATE REIMBURSEMENT SERVICES

PROGRAM: 121/02 CALIFORNIA ENVIRONMENTAL QUALITY ACT (K-14)

CEQA 1.4

DISTRICT:

San Mateo CCCD

EMPLOYEE PRODUCTIVE HOURLY RATE INFORMATION

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

PRODUCTIVE HOURS

Total Hours:	8 hrs/day x 5 days/week x 52 weeks/year=	2,080		
Holidays:	8 hrs/day x 11 holidays	=	88	
Vacation:	8 hrs/day x 12 days	=	96	
Sick Leave, etc	8 hrs/day x 12 days	=	96	<u>280</u>
				1,800

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

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

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

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Duplicate this form for additional employees:

Employee Name: _____

Title: _____ Location: _____

A.	B.	C.	D.	E.
Fiscal Year	Annual /Monthly Salary	Annual /Monthly Benefits	Annual /Monthly Hours	Prod. Rate <u>B + C</u> by D
02-03	_____	_____	_____	_____
03-04	_____	_____	_____	_____
04-05	_____	_____	_____	_____
05-06	_____	_____	_____	_____
06-07	_____	_____	_____	_____
07-08	_____	_____	_____	_____
08-09	_____	_____	_____	_____
09-10	_____	_____	_____	_____

Employee Name: _____

Title: _____ Location: _____

A.	B.	C.	D.	E.
Fiscal Year	Annual /Monthly Salary	Annual /Monthly Benefits	Annual /Monthly Hours	Prod. Rate <u>B + C</u> by D
02-03	_____	_____	_____	_____
03-04	_____	_____	_____	_____
04-05	_____	_____	_____	_____
05-06	_____	_____	_____	_____
06-07	_____	_____	_____	_____
07-08	_____	_____	_____	_____
08-09	_____	_____	_____	_____
09-10	_____	_____	_____	_____

Note: If you have already completed the PHR's for an employee on another program you can use the 1.4 Form from that program.