

Employee Time Record Sheet for Mandated Programs
121/02 CALIFORNIA ENVIRONMENTAL QUALITY ACT (K-14)
STEP 5. NEGATIVE DECLARATION PROCESS

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 time on this form that has already been reported on form 1.6 A-5.*

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.

On the following sheet is a time sheet to report your participation in the mandated program. Indicate the time spent on each of the reimbursable activities. This form is "historical" in nature and is used to reconstruct the total amount of time spent throughout the year on the mandate reimbursable activities.

Activity Description

To assist you in determining the amount of time spent on the program, descriptions of possible items required for this mandate are listed for the relevant reimbursable activities. Indicate the total amount of time, if any, spent on each of the reimbursable activities.

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

Other Reimbursable Costs

Printing, stationary, postage, and other supply costs are usually reimbursable. You must attach to this form copies of vouchers for any expenses incurred. Equipment purchases are rarely reimbursed.

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

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District/COE: San Mateo CCCD

Employee Name	Exact Position Title
Department/Location	Telephone #
	12mo/11mo/10mo/hrly
	Work year length

Typical Reimbursable Activities: Report Time in Hours - By FISCAL YEAR

02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
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Code 5 NEGATIVE DECLARATION PROCESS

A.	Providing a notice of proposed action to relevant agencies and persons.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
B.	Conducting initial and subsequent studies to determine the impacts and the mitigation of those impacts. Developing a database of information.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
C.	Consulting with relevant agencies. Submitting reports and findings to relevant agencies and responding to the requirements of those agencies.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
D.	Preparing the draft and final findings and reports for adoption or action by the agency.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
E.	Making information available to the public and responding to questions and requests.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
F.	Conducting public hearings on the determination.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
G.	Providing a notice of determination to relevant agencies and other interested parties.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
H.	Providing an administrative appeal process or other process to resolve disputes.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
I.	Participating in settlement, mediation, litigation, or other proceedings regarding compliance with the process. Complying with court orders.						
02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10

TOTALS:

02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
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EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (or declare) under penalty of perjury under the laws of the State of California to be true 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 Raymond Chow, at 358-6742.

PLEASE SUBMIT THIS INFORMATION BY _____; TO Suki Chang.