

Employee Time Record Sheet for Mandated Programs
764/81 DEFERRED MAINTENANCE - CCD
Form Instructions

The purpose of this time record is to collect information on employee time spent working on programs mandated by the State.

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

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:

Code 1 Policies and Procedures

Developing and periodically updating policies and procedures for compliance with all requirements concerning the acquisition of funding for facility deferred maintenance.

Code 2 Scheduled Maintenance Five-Year Plan (241/SM5Y)

Preparing and submitting a Scheduled Maintenance Five-Year Plan.

Code 3 Deferred Maintenance Funding

Applying for deferred maintenance funding. Providing a matching contribution for deferred maintenance or submitting a match waiver request.

Code 4 Scheduled Maintenance Project Funding Proposal (241/SM/PFP)

Preparing and submitting a Scheduled Maintenance Project Funding Proposal. Submitting a written request to the Chancellor's Office Facilities Planning Unit identifying any revisions to the preliminary list of projects. Submitting monthly and final year claims to the Chancellor's office for work completed or in progress.

Code 5 Hazardous Substances Project Funding Proposal (241/HS/PFP)

Preparing and submitting a Hazardous Substances Project Funding Proposal. Issuing a written request to the Chancellor's Office Facilities Planning Unit identifying any revisions to the preliminary list of projects. Submitting monthly and final year claims to the Chancellor's office for work completed or in progress.

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.

Employee Time Record Sheet for Mandated Costs of 764/81 DEFERRED MAINTENANCE - CCD

District: San Mateo CCCD

Fiscal Year: _____

Employee Name _____

Exact Position Title _____

Department/Location _____

Telephone # _____

12mo/11mo/10mo/hrly
Work year length

Reimbursable Activities:

Code 1 Policies and Procedures: Developing/updating policies and procedures pertaining to deferred maintenance.

Code 2 Scheduled Maintenance Five-Year Plan (241/SM5Y): Preparing and submitting the Plan to the Chancellor.

Code 3 Funding: Applying for deferred maintenance funding. Providing a matching contribution for deferred maintenance or submitting a match waiver request.

Code 4 Scheduled Maintenance Project Funding Proposal (241/SM/PFP): Preparing and submitting the Plan to the Chancellor. Submitting the required written request to identify any revisions to the preliminary list of projects. Submitting monthly and final year claims to the Chancellor's office for work completed or in progress.

Code 5 Hazardous Substances Project Funding Proposal (241/HS/PFP): Preparing and submitting the Plan to the Chancellor. Submitting the required written request to identify any revisions to the preliminary list of projects. Submitting monthly and final year claims to the Chancellor's office for work completed or in progress.

NOTE: Only one code entry per line.

Date:	Activity Code (circle one):	Describe Activity:	Time in Hours	Materials Costs:
	1 2 3 4 5			
	1 2 3 4 5			
	1 2 3 4 5			
	1 2 3 4 5			
	1 2 3 4 5			
	1 2 3 4 5			
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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 328-6742.

PLEASE SUBMIT THIS INFORMATION BY _____; TO Suki Chang.