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.

On the back of this sheet is a timesheet to report your participation in the mandated program 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 for the entire fiscal year 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.

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| District: San Mateo CCCD | | | |
|--|--|---|--|
| Employee Name | | Exact Position Title | |
| | | | 12mo/11mo/10mo/hrly |
| Schoolsite/Department/Location | Telephone # | | Work year length |
| 1. Policies and Procedures: -Developing and periodically updating policies and procedures for confunding for facility deferred maintenance | 01-02 02-03 03 ompliance with a | <u>-04</u> <u>04-05</u> <u>05-</u> | eport Staff Time in Hours 06 06-07 07-08 08-09 09-10 s concerning the acquisition of |
| 2. <u>Scheduled Maintenance Five-Year Planage Scheduled Maintenance Five-Year Planage Scheduled Maintenance Five-Year Planage Five-Year Planage Scheduled Maintenance Five-Year Planage Five-Year </u> | | | |
| 3. <u>Deferred Maintenance Funding</u> -Applying for deferred maintenance funding. | <u> </u> | | |
| -Providing a matching contribution for deferred maintenance or submitting a | match waiver rec | quest. | |
| 4. Scheduled Maintenance Project -Preparing and submitting a Scheduled Maintenance Project Funding -Submitting a written request to the Chancellor's Office Facilities Planning -Submitting monthly and final year claims to the Chancellor's office for wo | ng Proposal (24 Unit identifying a | 1/SM/PFP). | the preliminary list of projects. |
| 5. Hazardous Substances Project -Preparing and submitting a Hazardous Substances Project Fundin -Issuing a written request to the Chancellor's Office Facilities Planning -Submitting monthly and final year claims to the Chancellor's office for w | g Proposal (241) Unit identifying a | /HS/PFP). | o the preliminary list of projects. |
| TOTALS: | | | |
| EMPLOYEE CERTIFICATION: The State of Conformation of the district to respect to the district to the district to respect to the district to the di | eceive reimburseme good faith estimate a to be true and co | ent. Your signatur which you "certify rrect based on yo | re on this form certifies that you y (or declare) under penalty of |
| Employee Signature | | | |
| If you have any questions, please contact | t Raymond Cho | W | , at358-6742 |
| PLEASE SUBMIT THIS INFORMATION | BY | ; TO | Suki Chang |