

Employee Time Record Sheet for Mandated Programs  
**664/02 DESIGN-BUILD CONTRACTS (K-14)**

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 1.6A.*

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.

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District/COE: San Mateo CCD

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  
01-02 02-03 03-04 04-05 05-06 06-07 07-08 08-09 09-10

**Code 1**      Preparing For Design Build Contracts

A. \_\_\_\_\_  
 Determining the responsibilities of each participant in the design-build process and reviewing the guidelines.

B. \_\_\_\_\_  
 Providing a resolution for adoption by the governing board, that authorizes the use of a design-build contract.

**Code 2**      Request For Proposal

A. \_\_\_\_\_  
 Identifying the scope of the project, cost estimates, and other information deemed necessary to identify the criteria to be used for proposal evaluation.

B. \_\_\_\_\_  
 Establishing and implementing a procedure to pre-qualify design-build entities and a procedure for final selection.

C. \_\_\_\_\_  
 Inviting interested parties to submit competitive proposals. Meeting with parties which submit proposals.

D. \_\_\_\_\_  
 Notifying the winner in writing and issuing a written decision supporting the contract award.

E. \_\_\_\_\_  
 Verifying the selected design-build entity has, or can obtain, sufficient bonding for nondesign work and errors and omissions insurance for all design architectural services.

F. \_\_\_\_\_  
 Organizing information and preparing and submitting the appropriate applications for obtaining written approval of the plans from the Department of General Services.

Continued

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continued

Report Time in Hours - By FISCAL YEAR  
01-02 02-03 03-04 04-05 05-06 06-07 07-08 08-09 09-10

**Code 3**      Construction

A. \_\_\_\_\_

Establishing and enforcing a labor compliance program as outlined in Section 1771.5 of the Labor Contract Code or contracting with a third party to operate the labor compliance program.

B. \_\_\_\_\_

Reviewing and auditing payroll records to verify compliance and taking appropriate action in case of non-compliance.

C. \_\_\_\_\_

Retaining an architect or structural engineer to be an independent project inspector and complying with any adopted guidelines for design-build projects.

D. \_\_\_\_\_

Preparing and submitting a project report to the Legislative Analyst within 60 days of completing the project.

Totals \_\_\_\_\_

**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.