Employee Time Record Sheet for Mandated Costs GENERAL OBLIGATION (55%) BONDS (K-14) Bond Election

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 1.6B-1.*

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:

Code 1 Bond Election

- A. ELECTION: Ordering an election when the governing board decides to pursue the issuance of bonds.
- B. DEBT CALCULATION: Computing the district's outstanding bond indebtedness.
- C. BALLOT STATEMENT: Providing a statement on all ballots stating the appointment of an oversight committee and conducting annual independent audits.
- D. CERTIFICATION: Certifying all proceedings pursuant to Education Code Section 15274.

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

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District/COE: San Mateo CCCD				Fiscal Year:				
Employee Name				Exact Position Title				
				12mo/11mo/10mo/hrly				
Dept. & Location Telepho			Telephone #			rk year length		
Reimbursa	able Activities:	Code 1	I Bond Electio	n				
B. DE C. BA ove D. CE	nds. BT CALCULAT LLOT STATEM ersight committe RTIFICATION:	TION: Compu IENT: Providi ee and condu Certifying all	iting the district's ing a statement of cting annual inde	erning board decided outstanding bond on all ballots stating ependent audits. rsuant to Education	I indeb	otedness. appointme	ent of an	
NOTE: On	ly one code er	itry per line.					T	
Date:	Activity Code Enter Code A -D	Describe Activity:				Time in Hours	Materials Costs & Expenses:	
Attack: A	II de oumentet	tion ovailable	s to substantiat	e reported time	and a	vnonooo	This can	
				e reported time for printing, sup				
EMPLOYEE for state man have reporte perjury unde	CERTIFICATION ndates in order for actual data or her the laws of the	N: The State of r the district to have provided a State of Californ	California requires receive reimburse a good faith estima	that school district ment. Your signature te which you "certify correct based on you	person e on th (or de ur pers	nel maintair is form cert clare) unde	n a record of data ifies that you r penalty of edge or	
Employee \$	Signature			Date				
If you have	any questions,	please conta	ct Raymond C			358-674	2	
	UBMIT THIS IN				ki Ch	ang		