

Employee Time Record Sheet for Mandated Programs  
**868/02 PREVAILING WAGE RATE (K-14)**  
**Investigations and Audits**  
 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-3.*

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 5** Investigations and Audits

- A.** Conducting investigations and reviewing findings with the contractor/subcontractor when investigating worker complaints of underpayment of prevailing wage rates.
- B.** Gathering supporting documents from all available sources and analyzing them for authenticity, and conducting a complete certified payroll record and/or project audit.
- C.** Writing a complete summary of the investigation with a statement of findings and recommended action for submission to the Department of Industrial Relations' Division of Labor Standards Enforcement.
- D.** Submitting a copy of the Department of Industrial Relations approved Labor Compliance Program, or if applicable, a copy of the third party provider contract when the State Allocation Board is conducting a post-award audit, and upon request, submitting all bid invitations and contract materials.
- E.** If the district has elected to use its own employees for its LCP, providing the name(s) of the district employee(s) performing the LCP duties and a complete breakdown of all related costs.

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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**868/02 PREVAILING WAGE RATE (K-14)**  
**Investigations and Audits**

District/COE: San Mateo CCD

Fiscal Year: \_\_\_\_\_

Employee Name \_\_\_\_\_

Exact Position Title \_\_\_\_\_

Department/Location \_\_\_\_\_

Telephone # \_\_\_\_\_

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

**Reimbursable Activities:**

**Code 5 Investigations and Audits**

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**NOTE: Only one code entry per line.**

Date:	Activity Code: <small>(circle code #)</small>	Describe Activity:	Time in Hours	Materials Costs & Expenses:
/ /	A B C D E			
/ /	A B C D E			
/ /	A B C D E			
/ /	A B C D E			
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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.