Employee Time Record Sheet for Mandated Programs 868/02 PREVAILING WAGE RATE (K-14) Prevailing Wage Rates

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-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.

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. 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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Distric	San Matec	O CCCD						
Employee Name			Exact Position Title 12mo/11mo/10mo/hrly					
Department/Location		Telephone #	Work year length					
Туріс	c <mark>al Reimbursable A</mark> <u>00-</u>		Report Time in Hours - By FISCAL YEAR 3 03-04 04-05 05-06 06-07 07-08 08-09 09	- <u>10</u>				
Code	3 Prevailing	Wage Rates						
A.	Obtaining the applicable general prevailing wage rate from the Director of Industrial Relations and ensuring that its correct.							
B.	Requesting a coverage determination regarding a specific project and filing a petition for review and/or appealing a determination by the Director of Industrial Relations when found incorrect.							
C.	Including a statement of prevailing wage rates in all calls and advertisements for bids and the public works contract, and posting the statement at all job sites, or in lieu of this, including a statement that copies of the prevailing wage rates are on file in the call for bids and contract.							
D.	Maintaining records of ineligible contractors/subcontractors and not granting them public works projects of the district.							
E.	Sending copies of all awards to the Division of Apprenticeship Standards and notifying the Division of any discrepancies.							
F.	Inspecting and auditing contractor/subcontractor payroll records when necessary or requested by the Director of Industrial Relations and obtaining and providing copies when requested by appropriate parties.							
	TOTALS:							
record form d	d of data for state man- certifies that you have	dates in order for th reported actual da	california requires that school district personnel maintain the district to receive reimbursement. Your signature on ata or have provided a good faith estimate which you "ce laws of the State of California to be true and correct ba	this ertify				

Employee Signature	Date			
If you have any questions, please contact	Raymond Chow	, at _	358-6742	
PLEASE SUBMIT THIS INFORMATION BY		;TO	lang	

on your personal knowledge or information." This information is used for cost accounting purposes only.

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