Employee Time Record Sheet for Mandated Costs 277/96 SCHOOL FACILITIES IMPROVEMENT DISTRICTS (K-14) FORMATION OF A DISTRICT

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 Formation of a District

- A. RESOLUTION: Preparing a resolution, and modifications thereof, of intention to form the proposed school facilities improvement district which includes a statement of the intended use of the funds, estimate of the cost of the facilities, map of the boundaries of the district, notice of time and place of hearing.
- B. NOTICE: Providing notice of hearings by publication in a newspaper of general circulation and posting the notice.
- C. HEARINGS: Conducting the hearings in the manner proscribed.

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.

Employee Time Record Sheet for Mandated Costs

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Distri	ct/CC	DE: San M	Mateo	CCCD		Fiscal Yea	r:		
Employee Name						Exact Position Title			
Dept. & Location							o/11mo/10mo/hrly k year length		
Reimb	ursal	ole Activities:	Co	ode 1 Form	ation of a	a District			
A. B. <u>C.</u>	prop the s and NO post		acilities in e of the ong. Ing notice	mprovement cost of the fa of hearings	district w cilities, m by publica	hich includes ap of the bou ation in a new	a statemendaries of spaper of	ent of the i f the distric	ntended use of ct, notice of time
NOTE	Onl	y one code er	ntry per	line.					
Date:		Activity Code Enter Code A - C	Describe Activity:)				Time in Hours	Materials Costs & Expenses:
Attac		ll documenta clude meetin				•		•	. This can , and mailing.
for state have re perjury	e mano ported under	CERTIFICATION dates in order fo I actual data or I the laws of the This information	or the distr have provi State of C	ict to receive r ided a good fa alifornia to be	eimburser ith estimat true and c	nent. Your sign e which you "coorrect based o	ature on the ertify (or de n your pers	is form cert clare) unde	er penalty of edge or
Emplo	yee S	ignature				Dat	e		
If you h	nave a	any questions,	please c	ontact Ra	aymond			358-6	786
PLEASE SUBMIT THIS INFORMATION BY : TO Suki Chang .									