

Employee Time Record Sheet for Mandated Costs
277/96 STATE REVENUE BONDS (K-14)
State Revenue Bonds
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 State Revenue Bonds (K-14)

- A. APPLICATION: Preparing and submitting an application for state funding. Preparing and submitting plans, applications, waivers.
- B. REPORTS: Preparing and submitting studies, certifications, facility inventories, enrollment projections, and other reports.
- C. PUBLIC HEARINGS: Conducting public hearings on the plans, applications, and waivers as necessary and making the information available to the public.
- D. AGREEMENTS: Entering into agreements with state agencies to receive funds for the construction, reconstruction, replacement, and modernization of school facilities
- E. EXPENDITURES: Obtaining authorization from the state agencies to expend funds.
- F. CONSTRUCTION: Selecting of schoolsites, securing of appraisals, and purchasing land. Contracting for architectural and construction services and materials. Leasing portable and relocatable classrooms.
- G. DOCUMENTATION: Maintain documentation required by the state agencies.
- H. DISPUTE RESOLUTION: Participating in administrative (hearings) and civil (arbitration, mediation, litigation) processes to resolve compliance disputes.

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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State Revenue Bonds**

District/COE: San Mateo CCCD Fiscal Year: _____

Employee Name _____ Exact Position Title _____

Dept. & Location _____ Telephone # _____ 12mo/11mo/10mo/hrly
Work year length _____

Reimbursable Activities: Code 1 State Revenue Bonds (K-14)

- A. APPLICATION: Preparing and submitting an application for state funding, plans, applications, and waivers.
- B. REPORTS: Preparing and submitting studies, certifications, inventories, projections, and other reports.
- C. PUBLIC HEARINGS: Conducting public hearings on the plans, applications, and waivers.
- D. AGREEMENTS: Entering into agreements with state agencies to receive funds for school facilities
- E. EXPENDITURES: Obtaining authorization from the state agencies to expend funds.
- F. CONSTRUCTION: Selecting of schoolsites, securing of appraisals, and purchasing land. Contracting for architectural and construction services and materials. Leasing portable and relocatable classrooms.
- G. DOCUMENTATION: Maintain documentation required by the state agencies.
- H. DISPUTE RESOLUTION: Participating in administrative and civil processes to resolve disputes.

NOTE: Only one code entry per line.

Date:	Activity Code Enter Code A - H	Describe Activity:	Time in Hours	Materials Costs & Expenses:

Attach: All documentation available to substantiate reported time and expenses. This can include meeting agendas, calendar notes, invoices for printing, supplies, and mailing.

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.