

SUMMARY Time 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 activity time on this form if you have already reported the same activity time on the form 1.6 A-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 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 under the relevant reimbursable activity. Indicate the total amount of time, if any, spent for the entire fiscal year 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. Please attach to this form copies of invoices for any expenses incurred.

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277/96 SCHOOL FACILITIES IMPROVEMENT DISTRICTS (K-14)
FORMATION OF A DISTRICT**

District/COE: San Mateo CCCD

<hr/>		<hr/>	
Employee Name		Exact Position Title	
<hr/>		<hr/>	
School/Department/Location	Telephone #	12mo/11mo/10mo/hrly	Work year length
<hr/>		<hr/>	

Typical Reimbursable Activities: FISCAL YEARS - Report Time in **Hours**

	<u>01-02</u>	<u>02-03</u>	<u>03-04</u>	<u>04-05</u>	<u>05-06</u>	<u>06-07</u>	<u>07-08</u>	<u>08-09</u>	<u>09-10</u>
	<u>10-11</u>	<u>11-12</u>							

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.

TOTAL HOURS: _____

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.