

**Employee Time Record Sheet for Mandated Programs
764/99 INTEGRATED WASTE MANAGEMENT (CCD)**

1. ESTABLISHING THE PLAN

Form Instructions

The purpose of the time record is to collect information on employee time spent working on programs mandated by the State. *Do not report time on this form which has already been reported on 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 timesheet 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 for the relevant reimbursable activities. Indicate the total amount of time, if any, spent each month 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.

Employee Time Record Sheet for Mandated Programs
764/99 INTEGRATED WASTE MANAGEMENT (CCD) 1. ESTABLISHING THE PLAN

San Mateo CCD

District _____ Employee Name _____ Exact Position Title _____
Department/Location _____ Telephone # _____ 12mo/11mo/10mo/hrly Work year length _____ Fiscal Year: _____

- Code 1 Policies and Procedures: Developing the necessary policies and procedures.
Code 2 Staff Training: Training district staff on the requirements and implementation of the mandate.
Code 3 Plan Development: Developing and adopting a State Agency Model Integrated Waste Management Plan on or before July 15, 2000, and submitting the district's plan to the California Waste Management Board.
Code 4 Alternative Compliance: In the event it is necessary to obtain one or more extensions of time to comply with the 25% and/or 50% minimum waste reduction requirements, presenting substantial evidence that the district is making a good faith effort to implement the plan and/or plan of correction.

REPORT TIME IN HOURS PER MONTH

Table with 15 columns: Code, Reimbursable Activity, July, Aug., Sept, Oct., Nov., Dec., Jan., Feb., Mar., April, May, June, Total. Rows include Policies and Procedures, Staff Training, Plan Development, and Alternative Compliance.

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.