

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

**2. ONGOING PLAN IMPLEMENTATION**

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-2.*

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.

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San Mateo CCD

District Employee Name Exact Position Title
Department/Location Telephone # Work year length Fiscal Year:

- Code 5 College Coordinator: Coordination duties not specific to other activity codes.
Code 6 Plan Implementation: Implementing the Plan other than specific source reduction, recycling and composting activities.
Code 7 Accounting System: Developing, implementing, and maintaining an accounting system to enter and track: source reduction, recycling and composting activities, the cost of those activities, and the proceeds from the sale of any recycled materials.
Code 8 Annual Report: Annually preparing and submitting a report to the IWM Board summarizing the district's progress in reducing solid waste,

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 College Coordinator, Plan Implementation, Accounting System, and Annual Report.

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.