

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

1. ESTABLISHING THE PLAN

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 any time on this form if it has been already 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:

- Code1 Policies and Procedures: Developing the necessary policies and procedures for the implementation of the mandate.
- 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 adopted integrated waste management 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 submitting a plan of correction that demonstrates that it will meet the requirements before the time extension expires.

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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District: San Mateo County Community College District Fiscal Year:

Employee Name _____ Exact Position Title _____
Dept. & Location _____ Telephone # _____ 12mo/11mo/10mo/hrly
Work year length

Reimbursable Activities:

- 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 submitting a plan of correction.

NOTE: Only one code entry per line.

Date:	Activity Code (circle one):	Describe Activity:	Time in Hours	Materials Costs & Expenses:
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			
	1 2 3 4			

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

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 under the penalty of perjury to be true and correct based on your personal knowledge or information." This information is used for cost accounting purposes only.

Employee Signature _____ Date _____
If you have any questions, please contact Raymond Chow , at 358-6742 .
PLEASE SUBMIT THIS INFORMATION BY _____ ; TO Suki Chang .