

Employee Time Record Sheet for Mandated Programs
868/02 PREVAILING WAGE RATE (K-14)
Prevailing Wage Rates
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

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:

Code 3 Prevailing Wage Rates

- A.** Obtaining the applicable general prevailing wage rate from the Director of Industrial Relations and ensuring that its correct.
- B.** Requesting a coverage determination regarding a specific project and filing a petition for review and/or appealing a determination by the Director of Industrial Relations when found incorrect.
- C.** Including a statement of prevailing wage rates in all calls and advertisements for bids and the public works contract, and posting the statement at all job sites, or in lieu of this, including a statement that copies of the prevailing wage rates are on file in the call for bids and contract.
- D.** Maintaining records of ineligible contractors/subcontractors and not granting them public works projects of the district.
- E.** Sending copies of all awards to the Division of Apprenticeship Standards and notifying the Division of any discrepancies.
- F.** Inspecting and auditing contractor/subcontractor payroll records when necessary or requested by the Director of Industrial Relations and obtaining and providing copies when requested by appropriate parties.

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.

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868/02 PREVAILING WAGE RATE (K-14)
Prevailing Wage Rates

District/COE: San Mateo CCD

Fiscal Year: _____

Employee Name _____

Exact Position Title _____

Department/Location _____

Telephone # _____

12mo/11mo/10mo/hrly
 Work year length

Reimbursable Activities:

Code 3 Prevailing Wage Rates

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NOTE: Only one code entry per line.

Date:	Activity Code: (circle code #)	Describe Activity:	Time in Hours	Materials Costs & Expenses:
/ /	A B C D E F			
/ /	A B C D E F			
/ /	A B C D E F			
/ /	A B C D E F			
/ /	A B C D E F			
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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.