

## Employee Time Record Sheet for Mandated Costs 961/75 Collective Bargaining

The purpose of the time record is to collect information on employee time spent working on programs mandated by the State.

### 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 code allows us to obtain payroll information when necessary for determining the cost of the time spent on the program.

### Activity Description

Staff time for meetings, research and analysis, and training sessions are generally reimbursable as long as the subject matter of the activity applies to the program. You can even include the time you spend filling out these forms. It is particularly important to fully describe the activity. Avoid simply listing the activity as a "meeting" or "training session" because the State Controller auditors will disallow the cost.

**Reimbursable Activities:** Staff time, and/or contractor costs, and supplies related to the following reimbursable activities (by code):

- Code 1 Determining Bargaining Units and Exclusive Representation:** Developing proposed bargaining unit determination list for PERB hearings; related PERB hearing attendance.
- Code 2 Election of Unit Representation:** Developing and preparing a precinct voting list; and any special items (employer ballot tally observer, etc.) required by PERB.
- Code 3 Negotiations:** Receipt of the exclusive representative's initial contract proposal; holding of public hearings related to contract negotiations; negotiation of the contract provisions; reproduction and distribution of the proposed and final contract agreement.
- Code 4 Impasse:** Attendance of mediation sessions; substitutes to allow attendance to impasse proceedings; costs of renting facilities; costs to publish findings of the "fact finding panel".
- Code 5 Agreement Disclosure:** Preparing the financial disclosure forms and documents after negotiations are complete and before adoption of the agreement by the governing board.
- Code 6 Contract Administration:** Training sessions held for supervisory and management personnel regarding contract administration and interpretation of the negotiated contract; contract disputes presented before PERB for resolution; appeal of a PERB ruling on a contract dispute, if claimant is plaintiff and prevailing party. **Grievances are reported separately**
- Code 7 Unfair Labor Practice Charges:** Preparation and presentation of unfair labor practice to PERB; appealing a PERB unfair labor practice decision, if claimant is prevailing party.

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.

## Employee Time Record Sheet for Mandated Cost of 961/75 Collective Bargaining

District: San Mateo County Community College District Fiscal Year: \_\_\_\_\_

Employee Name \_\_\_\_\_ Exact Position Title \_\_\_\_\_

School/Department/Location \_\_\_\_\_ Telephone # \_\_\_\_\_ 12mo/11mo/10mo/hrly  
Work year length \_\_\_\_\_

**Reimbursable Activities:**

- Code 1:** Determining Bargaining Units and Exclusive Representation
- Code 2:** Election of Unit Representation
- Code 3:** Negotiations (Preparation and "At-table")
- Code 4:** Impasse Proceedings
- Code 5:** Agreement Disclosure
- Code 6:** Contract Administration (except "Grievances")
- Code 7:** Unfair Labor Practice Charges

**NOTE: Only one code entry per line.**

Date	Activity Code (Circle One)	Activity (List Topic)	Barg. Unit	Duration Hours	Sub Req'd?
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N
	1 2 3 4 5 6 7				Y N

**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 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.