

Employee Time Record Sheet for Mandated Programs  
**785/95 COMMUNITY COLLEGE CONSTRUCTION**  
**Five Year 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 time on this form that has already been reported on form CCC 1.6 B-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.

Activity Description

On the following 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.**      Five Year Plan

- A.     Preparing and submitting a plan and any required modifications or changes for capital construction to the Board of Governors reflecting the five-year period.
- B.     Preparing for and participating in annual reviews of the plan by the Chancellor's office.
- C.     Determining future academic and student services programs and projecting their effect on estimated construction needs.
- D.     Determining enrollment projections, current enrollment capacity, office, library and supporting facility capacities, the district's annual inventory of all facilities and land, and the district's estimate of funds available for capital outlay matching purposes.
- E.     Determining the adequacy and cost of transportation, and the ability of the existing colleges and educational centers to meet the unique educational and cultural needs of ethnic students.
- F.     Arranging for an architectural and/or engineering analysis.
- G.     Complying with any and all requirements prescribed by the Chancellor in each application for capital construction plan approval.
- H.     Paying the Board of Governors any reasonable fees charged for the review of proposed new college sites.

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.

Employee Time Record Sheet for Mandated Programs
785/95 COMMUNITY COLLEGE CONSTRUCTION
Five Year Plan

District: San Mateo CCCD

Fiscal Year:

Employee Name

Exact Position Title

12mo/11mo/10mo/hrly

Department/Location

Telephone #

Work year length

Reimbursable Activities:

Code 3. Five Year Plan

- A. Preparing and submitting a plan and any required modifications or changes for capital construction to the Board of Governors reflecting the five-year period.
B. Preparing for and participating in annual reviews of the plan by the Chancellor's office.
C. Determining future academic and student services programs and projecting their effect on estimated construction needs.
D. Determining enrollment projections; current enrollment capacity; office, library, supporting facility capacities; the district's annual inventory of all facilities and land; and the district's estimate of funds available for capital outlay matching purposes.
E. Determining the adequacy/cost of transportation, the ability of existing colleges/ed. centers to meet unique educational/cultural needs of ethnic students.
F. Arranging for an architectural and/or engineering analysis.
G. Complying with any and all requirements prescribed by the Chancellor in each application for capital construction plan approval.
H. Paying the Board of Governors any reasonable fees charged for the review of proposed new college sites.

NOTE: Only one code entry per line.

Table with 5 columns: Date, Activity Code (A-H), Describe Activity, Time in Hours, Materials Costs & Expenses. Multiple rows for data entry.

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.