

Employee Time Record Sheet for Mandated Programs
758/95 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 1.6A-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 following sheet is a time sheet to report your participation in the mandated program. Indicate the time spent on each of the reimbursable 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 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.

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
758/95 COMMUNITY COLLEGE CONSTRUCTION
Five Year Plan

District: San Mateo CCCD

| | | | |
|---------------------|--|----------------------|---|
| Employee Name | | Exact Position Title | |
| Department/Location | | Telephone # | 12mo/11mo/10mo/hrly Work year length |

Typical Reimbursable Activities: Report Time in Hours - By FISCAL YEAR

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 01-02 | 02-03 | 03-04 | 04-05 | 05-06 | 06-07 | 07-08 | 08-09 | 09-10 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|

Code 3. Five Year Plan

- A. Preparing/submitting _____
the plan and modifications/changes for capital construction to the Board of Governors.
- 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 estimated construction needs.
- D. Determining _____
enrollment projections; current enrollment capacity; office, library, supporting facility capacities; 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 educational and cultural needs of ethnic students.
- F. Arranging for an _____
architectural and/or engineering analysis.
- G. Complying with _____
any/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.

TOTAL: _____

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.