

**Employee Time Record Sheet for Mandated Programs
455/02 PUBLIC CONTRACT CODE (K-14)
Bidding Process**

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 which has already been reported on form 1.6 a-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 back of this sheet is a timesheet to report your participation in the mandated program 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 each month 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.

Employee Time Record Sheet for Mandated Programs 455/02 PUBLIC CONTRACT CODE (K-14) – Bidding Process

San Mateo CCCD

| | | | |
|----------------------------|----------------------|--|-----------------------|
| <u>District/COE</u> | <u>Employee Name</u> | <u>Exact Position Title</u> | <u>Fiscal Year: -</u> |
| <u>Department/Location</u> | <u>Telephone #</u> | <u>12mo/11mo/10mo/hrly</u> Work year length | |

Reimbursable Activities: **Code 6 Bidding Process** See form PCC 1.6A-w for more details on the codes.

A. Rating System: Adopting and applying a uniform system of rating bidders and specifying the methods used to determine the lowest bid.
 B. Notice Register: Publishing a notice inviting contractors to register to bid projects bidding.
 C. Pre-qualification: Pre-qualifying prospective bidders on a quarterly basis.
 D. Questionnaire: Processing and maintaining questionnaires, proposal forms, security, and financial statements from each prospective bidder.
 E. Conference: Conducting a mandatory pre-bid conference, site visit, or meeting.

REPORT TIME IN HOURS PER MONTH

| Code | Reimbursable Activity | July | Aug. | Sept | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | April | May | June | Total |
|------|-----------------------|------|------|------|------|------|------|------|------|------|-------|-----|------|-------|
| A | Rating System | | | | | | | | | | | | | |
| B | Notice Register | | | | | | | | | | | | | |
| C | Pre-qualification | | | | | | | | | | | | | |
| D | D. Questionnaires | | | | | | | | | | | | | |
| E | Conferences | | | | | | | | | | | | | |

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.