

**Employee Time Record Sheet for Mandated Programs  
455/02 PUBLIC CONTRACT CODE (K-14)  
Performance, Payments, and Disputes**

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-3*

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.

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San Mateo CCCD

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

**Reimbursable Activities:** See form PCC 1.6A-3 for detailed description of the codes.

**REPORT TIME IN HOURS PER MONTH**

Code	Reimbursable Activity	July	Aug.	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	Total
7 A	Performance: Site Visits													
7 B	Performance: Project File													
8 A	Payments: Review payments													
8 B	Payments: Retention													
8 C	Payments: Securities													
9 A	Disputes: Pre-qualification													
9 B	Disputes: Disqualification													
9 C	Disputes: Performance													

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.