

**Employee Time Record Sheet for Mandated Costs**  
**486/75 Mandate Reimbursement Process**  
*Annual Reimbursement Claims*  
 Form Instructions

The purpose of this 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 information is used to obtain payroll information when necessary for determining the cost of the time spent on the program.

**REIMBURSABLE ACTIVITIES:**

Preparation of the Claim:

Staff time to research, collect, and organize data to be used in the preparation of reimbursement claims for mandated programs. Additionally, staff time or consultant costs to prepare and submit the reimbursement claims.

Training:

Staff time, workshop fees, and travel and lodging expenses incurred to attend mandate reimbursement training. Also, costs of District inservice training programs.

Activity Description

- Code 1** Staff time to collect and organize data to be used for claim preparation.
- Code 2** Staff time and/or consultant cost to prepare state claims/forms.
- Code 3** Staff time (planning, preparation, attendance and presentation) and/or consultant cost for district inservice mandate reimbursement training.
- Code 4** Staff time for outside of district mandate reimbursement training, seminar fees, travel and lodging expenses.
- Code 5** Staff time to resolve payment disputes with the State Controller's Office.
- Code 6** Other - describe fully.

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.

If your activity generates work product such as policy statements, forms, brochures, meeting agenda materials, please send them along with these forms for our files.

**Employee Time Record Sheet for Mandated Costs of  
486/75 Mandate Reimbursement Process  
Annual Reimbursement Claims**

District: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

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

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

**Reimbursable Activities:** *Annual Reimbursement Claims only.*

- Code 1** Staff time to collect and organize data to be used for claim preparation.
- Code 2** Staff time and/or consultant cost to prepare state claim forms.
- Code 3** Staff time and/or consultant cost for district inservice mandate reimbursement training.
- Code 4** Staff time, seminar fees, travel and lodging expenses for outside of District mandate reimbursement training.
- Code 5** Staff time to resolve payment disputes with the State Controller's Office.
- Code 6** Other - describe fully.

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

Date:	Activity Code (circle one):	Describe Activity:	Claim worked on:	Time in Hours	Materials Costs & Expenses:
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
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	1 2 3 4 5 6				
	1 2 3 4 5 6				

**Attach:** All documentation available to substantiate reported time and expenses. This can include meeting agendas, seminar agendas, calendar notes, seminar expenses, travel expense and reimbursement, and supplies.

**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.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_, at \_\_\_\_\_.

PLEASE SUBMIT THIS INFORMATION BY \_\_\_\_\_; TO \_\_\_\_\_.