

SixTen and Associates

Mandate Reimbursement Services

RECEIVED
July 22, 2014
Commission on
State Mandates

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July 22, 2014

Heather Halsey, Executive Director
Commission on State Mandates
U.S. Bank Plaza Building
980 Ninth Street, Suite 300
Sacramento, California 95814

RE: COSM 05-4485-I-03
Los Rios Community College District
Mandate Reimbursement Process
Fiscal Years: 1999-00 and 2000-01
Incorrect Reduction Claim

Dear Ms. Halsey:

I have received the July 3, 2014, Draft Proposed Decision (DPD) for the above referenced incorrect reduction claim filed on September 9, 2005, to which I am responding on behalf of the Los Rios Community College District.

PART A. STATUTE OF LIMITATIONS TO AUDIT

1. Audit Initiation

The District concurs that the audit of the FY 1999-00 annual was commenced before the expiration of the statute of limitations.

2. Audit Completion

It is uncontested here that an audit is complete only when the final audit report is issued. The District's FY1999-00 annual claim was submitted to the Controller on January 16, 2001. The District asserts that the FY 1999-00 annual claim was beyond the statute of limitations (December 31, 2003) to complete an audit based on the final

audit report date of June 24, 2004. To the contrary, the Commission asserts (DPD,17) that Government Code section 17558.5, as added by Statutes 1995, chapter 945, operative July 1, 1996¹, "does not require the completion of the audit" at a time certain:

The plain language of the statute provides that reimbursement claims are "subject to audit" within two years after the end of the calendar year that the reimbursement claim was filed. The phrase "subject to audit" does not require the completion of the audit, but sets a time during which a claimant is on notice that an audit of a claim may occur. This reading is consistent with the plain language of the second sentence, which establishes a longer period of time to initiate the audit when no funds are appropriated for the program.

There is no objective basis to conclude that the period of time allowed to complete an audit is contingent on the notice provision as to when the audit can commence. Indeed, the third amendment to Section 17558.5 indicates otherwise. If, as the Commission asserts, that the first amended version establishes no statutory time limit to complete a timely commenced audit, Section 17558.5 becomes absurd. Once timely commenced, audits could remain unfinished for years either by intent or neglect and the audit findings revised at any time. Thus, the claimant's documentation retention requirements would become open-ended and eventually punitive. Statutes of limitations are not intended to be open-ended; they are intended to be finite, that is, a period of time measured from an unalterable event, and in the case of the 1995 version of the code, it is the filing date of the annual claim.

Section 17558.5 was amended two more times after the FY 1999-00 annual claim was filed. As a matter of law, these amendments are not relevant to the determination of the FY 1999-00 statute of limitations issue, so reliance upon the language of the subsequent amendments as a declaration of retroactively consistent legislative policy or intent is without foundation. The adjudication of the issue should end with the 1995 version of Section 17558.5. Regardless, the Commission (DPD, 17) concludes that its

¹ First Amendment

Statutes of 1995, Chapter 945, Section 18, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the period of limitations:

"(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim."

“interpretation” of the significance of the second sentence in the 1995 version is “supported” by the 2002 amendment to Section 17558.5² which extends the audit initiation period to three years. The second amendment provides no new information about the audit completion date. The Commission findings then reference the 2004 amendment to Section 17558.5³ that establishes a two-year limit to complete a timely filed audit, but only for the purposes of excluding the new language from the 1995 analysis. The stated basis for this exclusion (DPD, 18) is that the audit was completed prior to the amendment, which is the wrong test. The statute of limitations to audit applicable to each annual claim is that limit which is the law when the annual claim is filed, not when the audit is completed, otherwise the concept of notice to claimants is invalidated.

² Second Amendment

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003, amended Section 17558.5 to state:

“(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than two three years after the end of the calendar year in which the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.”

³ Third Amendment

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended Section 17558.5 to state:

“(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.”

PART B. STAFF TIME DOCUMENTATION

For FY 1999-00 and FY 2000-01, the audit disallowed the claimed staff time for several district employees based on the lack of adequate supporting documentation. The specific insufficiencies were not discussed in the audit report. The first evaluation of the District documentation occurred in the Controller's response to the incorrect reduction claim submitted to the Commission on February 11, 2008. Using the District documentation provided by the Controller's February 2008 response, the Commission determined (DPD, 19-20) that the Controller's reduction of the hours claimed for employees Bray, Davatz, Millhone, and Sayles in fiscal years 1999-2000 and 2000-2001 was appropriate.

In regard to documentation requirements, the Commission (DPD,18) states that:

The parameters and guidelines for the *Mandate Reimbursement Process* program, in effect during the fiscal years which are the subject of this IRC, provide that in order to claim reimbursement for employee salaries and benefits, the costs claimed "shall be traceable to source documents (e.g., employee time records, invoices, receipts, purchase orders, contracts, worksheets, calendars, declarations, etc.) that show evidence of the validity of such costs and their relationship to the state mandated program." In addition, the parameters and guidelines provide that "employee costs should be supported by the ... employee name, position (job title), productive hourly rate, hours worked, salary and benefit amounts, and a description of the tasks performed as they relate to this mandate." Although it is not necessary, under the parameters and guidelines that claimants produce unimpeachable evidence of costs incurred, claimants are required to provide some type of source documentation upon request of the SCO to show evidence that the time spent by employees on the program and the costs claimed are valid and relate to the mandate.

However, it appears that the documentation provided by the Controller to the Commission in February 2008 may not be all of the documentation that the District provided the auditor. Transmitted with this letter is a copy of the FY 1999-00 and FY 2000-01 annual claims as previously submitted to Controller and the Commission, but now including the supporting documentation believed to have already been made available to the auditor. Using this documentation, some of the disallowed staff time can be confirmed by the employees' calendars, travel expense reports, and the daily service entries reported in the mandate consultant's (SixTen and Associates) monthly billings for services to the District for annual claim preparation, all of which are permissible sources according to the parameters and guidelines. To the extent that this documentation is new to the Commission, the Commission can now make its own independent evaluation, as it has done for the documents provided in the February 2008 material, and determine that the new documentation shows some "evidence that the time spent by employees on the program and the costs claimed are valid and relate to the mandate."

PART C. STAFF PRODUCTIVE HOURLY RATES

The productive hourly rate (PHR) is a cost accounting method used to allocate the cost of salary and benefits to the staff time spent implementing the mandate. Since the parameters and guidelines do not state how the PHR should be calculated (DPD, 24), the standard of review for any PHR calculation method would then be the Government Code Section 17561 standard of reasonableness. The PHR calculation method presented in the Controller's Mandated Cost Manual (Manual) used by the Commission for evaluation of this issue is one of several reasonable methods. The District does not dispute Commission's factual findings on this issue. However, the District continues to assert that the Manual method is not legally enforceable as the only reasonable method to calculate productive hourly rates since the Manual has not been so adopted by the parameters and guidelines nor adopted by the Controller in a process that complies with the Administrative Procedure Act.

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By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this submission is true and complete to the best of my own knowledge or information or belief, and that the referenced documents are true and correct copies of documents produced by the claimant or state agency cited.



Keith B. Petersen

Filing and distribution by Commission electronic filing dropbox.
Attachments: FY 1999-00 and FY 2000-01 annual claims documentation

CLAIM FOR PAYMENT
 Pursuant to Government Code Section 17561
MANDATE REIMBURSEMENT PROCESS

(19) Program Number 0042
 (20) Date Filed: ___/___/___
 (21) LRS Input: ___/___/___

L (01) Claimant Identification Number:

S34050

LOS RIOS COMM COLL DIST
 SACRAMENTO COUNTY
 1919 SPANOS COURT
 SACRAMENTO CA 95825

Reimbursement Claim Data

(22) MRP-1, (03)(a)	-0-
(23) MRP-1, (03)(b)	9
(24) MRP-1, (03)(c)	-0-
(25) MRP-1, (04)(1)(d)	-0-
(26) MRP-1, (04)(2)(d)	21,832
(27) MRP-1, (04)(3)(d)	-0-

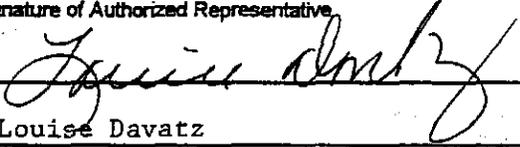
Type of Claim	Estimated Claim (03) Estimated <input checked="" type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/>	Reimbursement Claim (09) Reimbursement <input checked="" type="checkbox"/> (10) Combined <input type="checkbox"/> (11) Amended <input type="checkbox"/>	(28) MRP-1, (06)	30.4%
Fiscal Year of Cost	(06) 2000/01 19___/___	(12) 1999/2000	(31)	
Total Claimed	(07) 22,820	(13) 28,469	(32)	
Less: 10% Late Penalty, but not to exceed \$1000. (if applicable)		(14)	(33)	
Less: Estimated Claim Payment Received		(15) 9,132	(34)	
Net Claimed Amount		(16) 19,337	(35)	
Due from State	(08) 22,820	(17) 19,337	(36)	
Due to State		(18)	(37)	

(38) CERTIFICATION OF CLAIM:

In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 486, Statutes of 1975 and Chapter 1459, Statutes of 1984; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 486, Statutes of 1975, and Chapter 1459, Statutes of 1984.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 486, Statutes of 1975, and Chapter 1459, Statutes of 1984, set forth on the attached statements.

Signature of Authorized Representative

 Louise Davatz
 Type or Print Name

Date

 Executive Vice Chancellor, Finance &
 Title Administration

(39) Name of Contact Person for Claim

Telephone Number
 () _____ Ext. _____

A

MANDATED COSTS MANDATE REIMBURSEMENT PROCESS CLAIM SUMMARY	FORM MRP-1
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(01) Claimant Los Rios Community College District	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19 <u>99</u> / <u>2000</u>
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Claim Statistics

(03) Chapter Name and Number of Mandates	(a) Test Claims	(b) Reim- bursement Claims	(c) Incorrect Reduction Claims
Collective Bargaining Ch 961/75 & 1213/91		2	
Health Fee Elimination Ch 1/84 & 1118/87		2	
Open Meetings Act Ch 641/86		2	
Investment Reports Ch 783/95, 156/96 & 749/96		2	
Mandate Reimbursement Process Ch 486/75		1	
Total Number of Claims Filed		9	

Direct Costs	Object Accounts			
(04) Reimbursable Components:	(a) Salaries & Benefits	(b) Materials & Supplies	(c) Contracted Services	(d) Total
1. Test Claims				-0-
2. Reimbursement Claims	11,190	1,188	9,454	21,832
3. Incorrect Reduction Claims				
(05) Total Direct Costs	11,190	1,188	9,454	21,832

Indirect Costs	
(06) Indirect Cost Rate	From J-380, J-580 or FAM-29C 30.4 %
(07) Total Indirect Costs	[Line (06) x (line (05)(d) - line(05)(c))] 6,637
(08) Total Direct and Indirect Costs	[Line (05)(d) + line (07)] 28,469

Cost Reduction	
(09) Less: Offsetting Savings, if applicable	
(10) Less: Other Reimbursements, if applicable	
(11) Total Claimed Amount:	[Line (08) - (Line (09) + Line (10))] 28,469

MANDATED COSTS MANDATE REIMBURSEMENT PROCESS CLAIM SUMMARY	FORM MRP-1
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(01) Claimant Los Rios Community College District	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input checked="" type="checkbox"/>	Fiscal Year 2000/2001 19 / <u>7</u>
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Claim Statistics

(03) Chapter Name and Number of Mandates	(a) Test Claims	(b) Reimbursement Claims	(c) Incorrect Reduction Claims
Collective Bargaining Ch 961/75 & 1213/91 Health Fee Elimination Ch 1/84 & 1118/87 Open Meetings Act Ch 641/86 Investment Reports Ch 783/95, 156/96 & 749/96 Mandate Reimbursement Process Ch 486/75	 	1 1 1 1 1	
Total Number of Claims Filed		5	

Direct Costs

Object Accounts

(04) Reimbursable Components:	(a) Salaries & Benefits	(b) Materials & Supplies	(c) Contracted Services	(d) Total
1. Test Claims				
2. Reimbursement Claims	7,500		10,000	17,500
3. Incorrect Reduction Claims				
(05) Total Direct Costs				17,500

Indirect Costs

(06) Indirect Cost Rate	From J-380, J-580 or FAM-29C	30.4 %
(07) Total Indirect Costs	[Line (06) x (line (05)(d) - line(05)(c))]	5,320
(08) Total Direct and Indirect Costs	[Line (05)(d) + line (07)]	22,820

Cost Reduction

(09) Less: Offsetting Savings, if applicable		
(10) Less: Other Reimbursements, if applicable		
(11) Total Claimed Amount:	[Line (08) - (Line (09) + Line (10))]	22,820

MANDATED COSTS MANDATED REIMBURSEMENT PROCESS COMPONENT/ACTIVITY COST DETAIL	FORM MRP-2
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(01) Claimant Los Rios Community College District	(02) Fiscal Year Costs Were Incurred 1999-2000
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

1. Test Claims
 2. Reimbursement Claims
 3. Incorrect Reduction Claims

(04) Description of Expenses: Complete columns (a) through (f).	Object Accounts		
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(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services
Training					
Greg Baker	Director, Human Resources (Interim)	61.43	1.50	92	
Brenda Balsamo	Personnel Specialist	30.15	1.50	45	
Carrie Bray	Director, Accounting Services	56.73	26.00	1,475	
Christopher Brown	Vice President, Administrative Services	65.15	1.50	98	
Robert Burks	Cafeteria Supervisor	29.98	1.00	30	
Melody Campbell	Secretary, General Services	24.90	2.50	62	
Lily Cervantes	Interim Director, Leadership Development & Employee	55.36	1.50	83	
Paul Dahms	Director, Facilities Management	60.86	1.25	76	
Louise Davatz	Executive Vice Chancellor	85.32	9.10	776	
(Steven) Ward Davis	Maintenance/Receiving Supervisor	34.96	1.25	44	
Katie DeLeon	Business Services Supervisor	38.06	1.00	38	
Larry Dun	Dean, Student Services	67.20	1.50	101	
C. Howell Ellerman	Vice Chancellor, Human & Resource Development	82.87	2.75	228	
Jeannie Freeman	Executive Assistant to the Chancellor	38.45	1.25	48	
Adolphus Ghoston	Dean, Student Services	66.84	2.75	184	
Claudia Hansson	Vice President, Student Services & Student Development	66.31	1.50	99	
William Karns	Vice President, Instruction/Student Learning	68.77	1.50	103	
Kathleen Kirklín	Dean, Administrative Services & Institutional Effectiveness	60.87	1.25	76	
Sue Lorimer	Dean, Planning Research & Development	62.53	1.25	78	
Janet Lyle	CalWORKS Supervisor	49.30	1.25	62	
Theresa Matista	Director, Fiscal Services	61.13	1.50	92	
Richard McCormac	Vice President, Instruction	68.17	1.25	85	
Katherine McLain	Dean, Science, Math & Engineering	58.98	1.00	59	
Virginia Millhone	Admin Assistant	33.09	1.25	41	
Colleen Owings	Dean, Science/Allied Health	59.00	1.25	74	
Gordon Poon	Vice President, Student Services	62.83	2.75	173	
Don Reid	Printing Services Supervisor	32.01	1.25	40	
Judith Rinehimer	Dean, Communications, Visual & Performing Arts	61.11	1.00	61	
Brian Roach	Director, IT Technical Services	57.81	1.25	72	
Kim Sayles	General Accounting Supervisor	37.23	64.00	2,383	
Sabrina Shapiro	Career & Job Opportunity Center Supervisor	31.70	1.25	40	
William Silvia	Director, General Services	64.83	1.50	97	
Herschel Smith	Insurance & Business Specialist	33.10	1.25	41	
Marie Smith	President, American River College	86.23	1.25	108	
B'D Pete Sorrell	Director, Facilities Management	70.21	1.50	105	
Gwen Walker	Administrative Assistant to the Vice Chancellor, Human Resources	26.81	2.50	67	
Richard Wallace	Dean, Counseling & Student Services	55.92	1.00	56	
Chris Weiskopf (Wurzer)	Counseling Supervisor	36.36	2.75	100	
Penny Whalen	Administrative Secretary, Human Resources	23.12	1.25	29	

(05) Total	<input type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page: <u>1</u> of <u>2</u>	
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MANDATED COSTS MANDATED REIMBURSEMENT PROCESS COMPONENT/ACTIVITY COST DETAIL	FORM MRP-2
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(01) Claimant Los Rios Community College District	(02) Fiscal Year Costs Were Incurred 1999-2000
--	---

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

1. Test Claims
 2. Reimbursement Claims
 3. Incorrect Reduction Claims

(04) Description of Expenses: Complete columns (a) through (f).			Object Accounts		
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contracted Services
<u>Claim Preparation</u>					
Carrie Bray Director, Accounting Services	56.73	1.10	62		
Virginia Millhone Admin Assistant	33.09	28.00	927		
Kim Sayles General Accounting Supervisor	37.23	72.00	2,680		
<u>Travel</u>					
Carrie Bray Director, Accounting Services EMCN Meeting 12/3/99				188	
Kim Sayles General Accounting Supervisor EMCN Meeting 10/20/99				355	
EMCN Meeting 3/13/00				124	
Mandate Cost Academy 3/16/00				506	
EMCN Meeting 3/29/00				15	
<u>Contract Services</u>					
SlxTen and Associates Claim preparation & Training	90.00	12/1/99-6/30/00			8,576
School Services of Calif Claim preparation & Training	135.00	6.50			878
			11,190	1,188	9,454

(05) Total	<input type="checkbox"/>	Subtotal	<input type="checkbox"/>	Page: <u>2</u> of <u>2</u>
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LOS RIOS COMMUNITY COLLEGE DISTRICT

MRP MANDATED COST CLAIM

Time Summary

FYE June 30, 2000



10/20/99 EMCN Mtg																	
12/3/99 EMCN Mtg																	
12/13/99 Claim Prep																	
12/13/99 Telecon w/Sixten																	
12/14/99 Claim Prep																	
12/15/99 Claim Prep																	
12/16/99 Claim Prep																	
12/17/99 Claim Prep																	
12/20/99 Claim Prep																	
12/21/99 Claim Prep																	
1/3/00 Claim Prep																	
1/4/00 Claim Prep																	
1/5/00 Claim Prep																	
1/6/00 Claim Prep																	
1/7/00 Claim Prep																	
1/8/00 Claim Prep																	
1/9/00 Claim Prep																	
1/10/00 Claim Prep																	
1/10/00 Telecon w/Sixten																	
1/11/00 Claim Prep																	
1/11/00 Telecon w/Sixten																	
1/12/00 Claim Prep																	
1/12/00 Telecon w/Sixten																	
1/13/00 Claim Prep																	
1/13/00 Telecon w/Sixten																	
1/20/00 Telecon w/Sixten																	
1/26/00 Mtg w/Sixten																	
2/14/00 Telecon w/Sixten																	
3/13/00 EMCN Mtg																	
3/16/00 Mandate Cost Academy																	
3/29/00 EMCN Mtg																	
3/31/00 Training - CB	1.50	1.50				1.50		1.50		1.50					1.50		
3/31/00 Training - OMA			1.25														
3/31/00 w/Sixten																	
4/3/00 Telecon w/Sixten																	
4/25/00 Prepare Mtg Materials																	
4/27/00 Mtg																	
5/1/00 Training - CB		1.25			1.25	1.25		1.25		1.25			1.25	1.25			1.25
5/1/00 Training - CB								1.00									
5/24/00 Telecon w/Sixten																	
5/26/00 Create Log																	
5/26/00 Telecon w/Sixten																	
5/30/00 Telecon w/Sixten																	
6/4/00 Telecon w/Sixten																	
6/5/00 Telecon w/Sixten																	
6/27/00 CB Claim Prep																	
6/28/00 Training - CB		1.25										1.25					
<hr/>																	
1.50	2.75	1.25	1.25	1.25	2.75	1.25	1.50	1.00	1.25	1.50	1.25	1.25	1.25	1.25	1.50	1.25	
<hr/>																	

10/20/00 EMCN Mtg
 12/3/99 EMCN Mtg
 3/13/00 EMCN Mtg
 3/16/00 Mandate Cost Academy
 3/29/00 EMCN Mtg

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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LOS RIOS COMMUNITY COLLEGE DISTRICT

MRP MANDATED COST CLAIM

Time Summary

FYE June 30, 2000

DATE DESCRIPTION AMOUNT MONTHS PERIODS PERIODS

10/20/99	EMCN Mtg																			
12/3/99	EMCN Mtg																			
12/13/99	Claim Prep																			
12/13/99	Telecon w/Sixten																			
12/14/99	Claim Prep																			
12/15/99	Claim Prep																			
12/16/99	Claim Prep																			
12/17/99	Claim Prep																			
12/20/99	Claim Prep																			
12/21/99	Claim Prep																			
1/3/00	Claim Prep																			
1/4/00	Claim Prep																			
1/5/00	Claim Prep																			
1/6/00	Claim Prep																			
1/7/00	Claim Prep																			5.00
1/10/00	Claim Prep																			3.50
1/10/00	Claim Prep																			2.00
1/10/00	Claim Prep																			8.50
1/10/00	Telecon w/Sixten																			
1/11/00	Claim Prep																			4.00
1/11/00	Telecon w/Sixten																			
1/12/00	Claim Prep																			4.00
1/12/00	Telecon w/Sixten																			
1/13/00	Claim Prep																			1.00
1/13/00	Telecon w/Sixten																			
1/20/00	Telecon w/Sixten																			
1/26/00	Mtg w/Sixten																			
2/14/00	Telecon w/Sixten																			
3/13/00	EMCN Mtg																			
3/16/00	Mandate Cost Academy																			
3/29/00	EMCN Mtg																			
3/31/00	Training - CB								1.50											1.50
3/31/00	Training - OMA																			
3/31/00	w/Sixten																			1.25
4/3/00	Telecon w/Sixten																			
4/25/00	Prepare Mtg Materials																			
4/27/00	Mtg																			
5/1/00	Training - CB																			
5/1/00	Training - CB	1.00							1.25											
5/24/00	Telecon w/Sixten		1.00																	
5/26/00	Create Log			1.00																
5/26/00	Telecon w/Sixten																			
5/30/00	Telecon w/Sixten																			
6/4/00	Telecon w/Sixten																			
6/5/00	Telecon w/Sixten																			
6/27/00	CB Claim Prep																			
6/28/00	Training - CB																			1.25
		1.00	1.00	1.00	1.25	29.25	2.75	1.25	1.00	1.25	2.75	1.00	1.25	1.25	1.00	1.25	1.25	1.00	1.25	1.50

10/20/00	EMCN Mtg																			
12/3/99	EMCN Mtg																			
3/13/00	EMCN Mtg																			
3/16/00	Mandate Cost Academy																			
3/29/00	EMCN Mtg																			
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Data	Function		Grand Total
	Claim Prep	Training	
Sum of Baker, G		1.50	1.50
Sum of Balsamo, B		1.50	1.50
Sum of Beckhorn, R		1.25	1.25
Sum of Bell, G		1.25	1.25
Sum of Blanchard, B		1.25	1.25
Sum of Bray, C	1.10	26.00	27.10
Sum of Brown, C		1.50	1.50
Sum of Burks, R		1.00	1.00
Sum of Burnett, H		1.25	1.25
Sum of Campbell, M		2.50	2.50
Sum of Cardoso, J		1.25	1.25
Sum of Caston, J		1.00	1.00
Sum of Cervantes, L		1.50	1.50
Sum of Dahms, P		1.25	1.25
Sum of Davatz, L		9.10	9.10
Sum of Davis, W		1.25	1.25
Sum of Day, C		1.25	1.25
Sum of DeLeon, K		1.00	1.00
Sum of Dun, L		1.50	1.50
Sum of Ellerman, H		2.75	2.75
Sum of Fong, V		1.25	1.25
Sum of Freeman, J		1.25	1.25
Sum of Frew, B		1.25	1.25
Sum of Ghosten, A		2.75	2.75
Sum of Gregory, G		1.25	1.25
Sum of Hansson, C		1.50	1.50
Sum of Ito, P		1.00	1.00
Sum of Jayne, A		1.25	1.25
Sum of Karns, W		1.50	1.50
Sum of Kinghorn, B		1.25	1.25
Sum of Kirklin, K		1.25	1.25
Sum of Lorimer, S		1.25	1.25
Sum of Lyle, J		1.25	1.25
Sum of Matista, T		1.50	1.50
Sum of McCormac		1.25	1.25
Sum of McCullough, C		1.00	1.00
Sum of McGoughlin, S		1.00	1.00
Sum of McLain, K		1.00	1.00
Sum of Meehan, G		1.25	1.25
Sum of Millhone, G	28.00	1.25	29.25
Sum of Mraule, J		2.75	2.75
Sum of Owings, C		1.25	1.25
Sum of Parker, T		1.00	1.00
Sum of Peithman, S		1.25	1.25
Sum of Poon, G		2.75	2.75
Sum of Railey, G		1.00	1.00
Sum of Reid, D		1.25	1.25

	Hours	Rate	Claim AMT
Baker, G	1.50	61.43	92.00
Balsamo, B	1.50	30.15	45.00
Berry, P	27.10	56.73	1,537.00
Brown, C	1.50	65.15	98.00
Burke, R	1.00	75.79	76.00
Carroll, M	2.50	24.90	62.00
Carver, L	1.50	55.36	83.00
Chambers, P	1.25	60.86	76.00
Chavez, L	9.10	85.32	776.00
Chen, W	1.25	34.96	44.00
Chen, K	1.00	38.06	38.00
Chen, L	1.50	67.20	101.00
Chen, H	2.75	82.87	228.00
Chen, P	1.25	38.45	48.00
Chen, A	2.75	66.84	184.00
Chen, T	1.50	66.31	99.00
Chen, W	1.50	68.77	103.00
Chen, K	1.25	60.87	76.00
Chen, S	1.25	62.53	78.00
Chen, W	1.25	49.30	62.00
Chen, T	1.50	61.13	92.00
Chen, M	1.25	68.17	85.00
Chen, K	1.00	58.98	59.00
Chen, E	29.25	33.09	968.00
Chen, C	1.25	67.67	85.00
Chen, E	2.75	62.83	173.00
Chen, M	1.25	32.01	40.00
Chen, M	1.00	61.11	61.00
Chen, E	1.25	57.81	72.00
Chen, S	136.00	37.23	5,063.00
Chen, S	1.25	31.70	40.00
Chen, E	1.50	64.83	97.00
Chen, H	1.25	33.10	41.00
Chen, M	1.25	86.23	108.00
Chen, E	1.50	70.21	105.00
Chen, G	2.50	26.81	67.00
Chen, R	1.00	55.92	56.00
Chen, R	2.75	23.12	64.00
Chen, S	1.25	36.36	45.00
Total	291.45		11,227.00

10/20/00 EMCN Mtg	355.00
12/3/99 EMCN Mtg	187.50
3/13/00 EMCN Mtg	124.00
3/16/00 Mandate Cost Academy	506.30
3/29/00 EMCN Mtg	15.00

SixTen	8,575.84
School Services	877.50

10,641.14

21,868.14

Estimate 15,850.00

6,018.14

Employ the Record Sheet for Mandated of
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims

District: LOS RIOS CCD

Fiscal Year: 99-00

Employee Name: CARMI BRAY

Exact Position Title: DIRECTOR ACCTG SVCS

Dept. & Location: BUS SVCS DO

Telephone #: 568 3069

Work year length: 12mo/11mo/10mo/hrly

- 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:	Hrs/Min.	Materials Costs & Expenses:
3/2/00	1 2 3 4 5 6	Mandated Cost training		6 hrs	0
	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				
	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				
	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. This information is used for cost accounting purposes only.

Employee Signature: CARMI BRAY Date: 5/13/00

If you have any questions, please contact _____, at _____.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

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

District: VOS RIOS CCD

Fiscal Year: 1999-00

Employee Name: Carrie Bray

Exact Position Title: Director, Acctg SVS

Dept. & Location: BUS SVS DO

Telephone #: 916 928 3058

Work year length: 12mo/11mo/10mo/hrly

- 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:	Hrs./Min.	Materials Costs & Expenses:
5/26/00	① 2 3 4 5 6	Log activity for claim	CB-crenencia	20min	
5/26/00	① 2 3 4 5 6	+	CB	20min	
6/25/00	1 2 ③ 4 5 6	Training CB/cren.		1 1/2 hr	
5/1/00	1 2 ③ 4 5 6	IP ARC		2 1 1/2	
3/31/00	1 2 ③ 4 5 6	" DO		3 3 hr	
5/10/00	1 2 ③ 4 5 6	" CC		1	
8/22/00	① 2 3 4 5 6	log 99-00 activity		1 1/2 hr	
	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				

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. This information is used for cost accounting purposes only.

Employee Signature: Carrie Bray Date: 9/12/00

If you have any questions, please contact _____, at _____.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

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

Los Rios Community College District

Fiscal Year: 1999-2000

Janis Castor
Employee Name

Dean, Business & Family Science
Exact Position Title

CRC
Department/Location

691-7427
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:	Hrs./Min.	Materials Costs & Expenses:
5-10-00	1 2 (3) 4 5 6	6/10 Training	CB	1hr 10min	
	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				
	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				
	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. This information is used for cost accounting purposes only.

Employee Signature Janis A. Castor Date 6/22/00

If you have any questions, please contact Kim Savles, at x3033.

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO Kim Savles

Employee Time Record Sheet for Mandate Reimbursement of
486/15 Mandate Reimbursement Process
 Annual Reimbursement Claims

Los Rios Community College District

Fiscal Year: 2000-2001

Virginia Millhone
 Employee Name

Confidential Administrative Assistant
 Exact Position Title

Business Services
 Department/Location

568-3058
 Telephone #

12month
 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	Hrs./Min.	Materials Costs & Expenses
1-7-00	① 2 3 4 5 6	Prepare Claim	641/86	5 hrs	
1-8-00	① 2 3 4 5 6	" "	"	3.5 hrs OT	
1-9-00	① 2 3 4 5 6	" "	"	2 hrs OT	
1-10-00	① 2 3 4 5 6	" "	"	5 hrs reg 3.5 hrs OT	
1-11-00	① 2 3 4 5 6	" "	"	4 hrs	
1-12-00	① 2 3 4 5 6	" "	"	1 hr	
1-13-00	① 2 3 4 5 6	" "	"	1 hr	

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. This information is used for cost accounting purposes only.

Employee Signature Virginia Millhone Date 1-8-01

If you have any questions, please contact Kim Sayles, at x3033

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO Kim Sayles

January 2000

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					New Year's Day (United States)
Griffin -58- 8:00am ILL		3:00pm PeopleSoft (Millhone-3	2:00pm PeopleSoft (Millhone-3	Open Meeting Act (5 hrs) 8:00am Sylvia re:LD's PC	3.5 hrs OT-Open Meeting Act
					2 hrs OT-Open Meeting Act MC Sandy's B-day
Open Meeting Act -MC (5 req, 3 2:00pm PeopleSoft Workshop	Open Meeting Act-MC Claim Prep 2:00pm EMail Madness (Louise	MC-Claim Prep 1 hr. 11:30am Lunch w/Sandy (Chino	MC Claim Prep - 1 hr. 9:00am Louise's E-Mail (LD's o 9:30am Funding formula Task	8:30am Districtwide Convocati	
Martin Luther King Day (United S	9:30am Sheriff's (Millhone-305	5:30pm Board Meeting 5:30pm Linda Byrd-Cut & Colo	9:00am Energy (Millhone-3058 1:30pm VPA Meeting (Millhone	Aunt Mary's Funeral (Mt. View)	
4:30pm Chris Knepschild (Drob	9:00am Sharon Blevins (Ethan 3:00pm Kaiser Retirees (Millho	Lotto Dues for Feb			
Coffee Duty					

Millhone, Ginny

Employer Time Record Sheet for Mandated Costs of
 486/75 Mandate Reimbursement Programs
 Annual Reimbursement Claims

District: Los Rios

Fiscal Year: 1999-2000

Employee Name: Jimmy Maulle

Exact Position Title: Dean of Enrollment Services

Dept. & Location: American River College

Telephone #: 8171

Work year length: 12mo/11mo/10mo/hrly

- 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 in-service 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:	Hrs./Min.	Materials Costs & Expenses:
5/1/00	1 2 3 4 5 6	CB in-service	CB	1.5	
	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				
	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				
	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. This information is used for cost accounting purposes only.

Employee Signature: Jimmy Maulle Date: 5

If you have any questions, please contact _____, at _____.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

LOS RIOS COMMUNITY COLLEGE DISTRICT
Collective Bargaining Staff Time Summary
July 1, 1998 - June 30, 1999

Date	Union Code	Activity Code	Rate
9/8/98	LRSA	Union's Proposal	1.5
			<u>1.5</u>

- ARC

Employee Record Sheet for Mandated C of
 486/75 Mandate Reimbursement Process
 Annual Reimbursement Claims

District: Los Rios CCD

Fiscal Year: 1999-2000

Sabrina Shapiro
 Employee Name

Supervisor, Student Support Services
 Exact Position Title

Career & Job Opportunity Ctr.
 American River College
 Dept. & Location

484-8438
 Telephone #

12mo/11mo/10mo/hriv
 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:	Hrs./Min.	Materials Costs & Expenses:
5/1/00	1 2 (3) 4 5 6	CB Inservice	CB	1/15	
	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				
	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				

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. This information is used for cost accounting purposes only.

Employee Signature Sabrina Shapiro Date 5/4/00

If you have any questions, please contact _____, at _____.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

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

Los Rios Community College District

Fiscal Year: 1999-2000

Employee Name: Smith, Herschel Exact Position Title: Insurance & Business Specialist
 Department/Location: D.O. Telephone #: 562-3054 Work year length: 12mo/11mo/10mo/hrly

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:	Hrs./Min.	Materials Costs & Expenses:
6/28/00	1 2 (3) 4 5 6	Documentation training	CB	1 hr	
	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				
	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				
	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. This information is used for cost accounting purposes only.

Employee Signature: [Signature] Date: 6-28-00

If you have any questions, please contact Kim Sayles, at x3033.

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO Kim Sayles

Employee Record Sheet for Mandated C of
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims

District: Los Rios CCD

Fiscal Year: 99-2000

Marie B. Smith

President

Employee Name

Exact Position Title

President's Office

8211

Dept: & 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:	Hrs/Min.	Materials Costs & Expenses:
May 1, 2000	1 2 3 4 5 6	In-service- MAP		1 hr 30 min	
	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				
	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				

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. This information is used for cost accounting purposes only.

Employee Signature Marie B Smith Date 5/1/2000

If you have any questions, please contact _____, at _____.

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

Employee Time Record Sheet for Mandated () of
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims

District: CRCD

Fiscal Year: 1999 - 2000

Employee Name: LELAND M. THIEL

Exact Position Title: Dean, Instruction

Dept. & Location: Instruction office

Telephone #: 916.484.8405

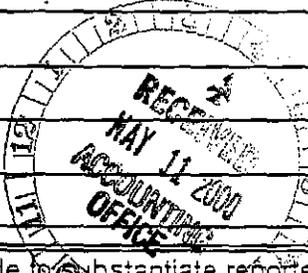
Work year length: 12mo/11mo/10mo/hriv

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:	Hrs./Min.	Materials Costs & Expenses:
1 May 00	1 2 3 4 5 6	In-Service	CB	1 1/2	
	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				
	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				
	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. This information is used for cost accounting purposes only.

Employee Signature: [Signature] Date: 1 May 00

If you have any questions, please contact _____, at _____.
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____.

Employee Record Sheet for Mandated C of
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims

District: Los Rios CC District

Fiscal Year: 99-00

Employee Name: Whitney Yamamura

Exact Position Title: Dean Beh. Soc Sci (Interim)

Dept. & Location: Beh Soc Sci AR

Telephone #: 8428

Work year length: 12mo/11mo/10mo/hrly

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:	Hrs/Min.	Materials Costs & Expenses:
5/1/00	1 2 3 4 5 6	CB collection bargaining inservice	CB	1 hr	
	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				
	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				
	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. This information is used for cost accounting purposes only.

Employee Signature: [Signature] Date: 5/1/00

If you have any questions, please contact _____, at _____
 PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

Employee Record Sheet for Mandated Cost of
 486/75 Mandate Reimbursement Process
 Annual Reimbursement Claims

Submitted (6/23)
 Original
 Submitted

District: Los Rios CC District

Fiscal Year: 99-00

Employee Name: Whitney Yamamura

Exact Position Title: Dean Beh. Soc Sci (Interim)

Dept. & Location: Beh Soc Sci AR

Telephone #: 8428

Work year length: 12mo/11mo/10mo/hrly

SEP 12 2000

- 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:	Hrs /Min.	Materials Costs & Expenses:
5/1/00	1 2 <u>3</u> 4 5 6	CB collect bargaining inservice	CB	1 hr	
	1 2 3 4 5 6	no other reimbursable activities			
	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				
	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				

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. This information is used for cost accounting purposes only.

Employee Signature: [Signature] Date: 5/1/00 9/11/00

If you have any questions, please contact _____, at _____

PLEASE SUBMIT THIS INFORMATION BY _____; TO _____

September 1999

September 1999

October 1999

S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S
1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30												

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
			11:00am Retreat		
	7:23am Welcome to Calendar! 10:00am Planning Meeting (Car				
	1:00pm PeopleSoft Mtg		4:00pm 6:15 Dr Appt		
	9:30am Allergy Shot	9:30am Birthday lunch 11:30am Y2K Meeting 2:00pm 4:15 Dr. Chipps	6:00am Remind Carrie if mem- 8:00am Overtime Sheets due c 10:00am Lunch with Steve 3:00pm Bunko!	6:00am	
		2:30pm LRSA Meeting	3:00pm 6:15 Dr Appt		

October 1999

October 1999

November 1999

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
				October 1	2
					3
	6:00am Supervisor Workshop	11:00am Access Class			4
					5
					6
					7
					8
					9
					10
					11
		11:00am Access Class	8:00am Sam Levin re: FA Data		12
					13
					14
					15
					16
					17
					18
	1:00pm Mandated Cost Semin. <i>KS Oxnard</i> <i>12 Travel</i> <i>2.5 mag</i> <i>14.5 #356</i>	6:00am Mandated Cost Semin.			19
					20
					21
					22
					23
					24
					25
				6:00am Access Class	26
					27
					28
					29
					30
					31

November 1999

November 1999

December 1999

M	T	W	T	F	S	M	T	W	T	F	S
1	2	3	4	5	6	5	6	7	8	9	10
7	8	9	10	11	12	11	12	13	14	15	16
13	14	15	16	17	18	17	18	19	20	21	22
19	20	21	22	23	24	23	24	25	26	27	28
25	26	27	28	29	30	29	30	31			

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
November 1	2:30pm Take Pat home	6:30am Meet with Barbara re:	11:00am Dr Chipps @ 11:15 5:00pm Joan @ 6:15	8:00am Access Class	
10:00am Discuss activities In Ac	10:00am Dr. Cohn			Veterans Day Holiday	
			1:00pm Mary re: Attend Report	11:30am Staff Luncheon	
10:30am Sam Levin FA Databas	8:00am Overtime Sheets due	10:30am Sam Levin	Thanksgiving Vacation		
	8:00am Monthly Attendance R 8:30am PS Training				8:00am Unauthorized Repeat

December 1999

December 1999							January 2000						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	8	9	10	11	12	13	14
8	9	10	11	12	13	14	15	16	17	18	19	20	21
15	16	17	18	19	20	21	22	23	24	25	26	27	28
22	23	24	25	26	27	28	29	30	31				
29	30	31											

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
		9:00am Supervisor Roundtable		10:00am File conversions (DO F	
	6:00pm Capucchino Christmas	7:30pm Band Boosters	12:30pm Furnace Repair	12:00pm Attendance Error Corr	
3:30pm Mandated Cost (My O 4:30pm Mandated Cost, review -6pm 2.5	7:00am LRSA Meeting 8:00am Mandated Claims gatt 1:30pm Mandated Claim - gatt 7.5	8:00am Mandated Claim - gatt 12:30pm Lunch w/Nancy 2:00pm Mandated Claim - gatt 6:30pm Winter Concert 4.5 3 7.5	8:00am Mandated Claims Prep 11:00am DO Christmas Lunche 1:30pm Mandated Costs prep 6:00pm Joan 3 3.5 7.5	8:00am Mandated Cost Prepar 1:00pm Mandated Cost Prepar 4 4 4	
8:00am FA Database 10:00am Sam Levin 12:30pm Mandated Cost Prepar 4.5	8:00am Mandated Cost Prepar 1:00pm Mandated Cost Prepar 3.5 4 7.5		8:00am Overtime Sheets due	Christmas Vacation	Christmas Vacation
		Christmas Vacation	8:00am Monthly Attendance R		

January 2000

January 2000

February 2000

S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	8	9	10	11	12	13	14
8	9	10	11	12	13	14	15	16	17	18	19	20	21
15	16	17	18	19	20	21	22	23	24	25	26	27	28
22	23	24	25	26	27	28	29	30	31				

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
					Christmas Vacation
					Christmas Vacation
9:30am Mandated Cost - Gath 1:00pm Mandated Costs <u>26</u> <u>4</u> <u>1.5</u>	8:30am Mandated Costs - Rev 1:30pm Mandated Costs 6:00pm Haircut <u>4</u> <u>35</u> <u>75</u>	8:00am Mandated Costs - suri 10:00am Sam Levin <u>2</u>	8:00am Attendance Reporting 10:30am Mandated Costs, gath 1:30pm Mandated Costs <u>2</u> <u>3</u> <u>5</u>	8:00am Develop <100% Leas 10:00am Mandated Cost, Sumn 1:30pm Sam Levin 2:00pm Attendance Reporting 2:30pm Mandated Cost, Gathe <u>2.5 + 2.5 = 5.0</u>	
			6:00pm LRSA Meeting - El Tor	8:30am Query Training	
	3:30pm Dr. Cohn				8:00am Overtime Sheets due
		9:00am Meeting with Keith Pe <u>2</u>	2:00pm Take Medicine		8:00am Monthly Attendance R
2:30pm Leslie & Howell re:LRF					

February 2000

February 2000

March 2000

S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	8	9	10	11	12	13	14
8	9	10	11	12	13	14	15	16	17	18	19	20	21
15	16	17	18	19	20	21	22	23	24	25	26	27	28
22	23	24	25	26	27	28	29	30	31				

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
	3:30pm FA w/Steven & Valerie		11:00am Take Medicine 4:30pm Dr. Korp	11:00am Implementation of PS	
	7:00am LRSA Meeting @ Lyon		11:00am Take Medicine		
	2:30pm 2:45 Travis Ortho/Der	3:30pm 4:15 Dr Cohn 6:00pm 6:00 Joan	11:00am Take Medicine		
		8:00am Overtime Sheets due	11:00am Take Medicine		
	8:00am Monthly Attendance R 8:30am Mary Diamond re: Caf				

March 2000

March 2000

April 2000

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
			11:00am Take Medicine 2:30pm Mary Diamond		
4:00pm Business Services Sup	11:00am Mary Diamond		9:00am Preparation for VPA M 11:00am Take Medicine	2:00pm Theresa & Tracy re: S	
EMCN Meeting 10:00-2:30 (Santa <u>7.5</u> Travel <u>4.5</u> Misc <u>12.0</u>		9:00am Cafeteria Meeting @ A 2:00pm 2:15 Dr Cohn 3:00pm Leave for LA	Mandated Cost Academy (Anahel 11:00am Take Medicine <u>Mtg</u> <u>Travel</u>		
		3:00pm Call Travis 5:00pm Joan	8:00am Overtime Sheets due 11:00am Take Medicine 3:30pm Call Travis		
10:00am YE Calendar Preparati		EMCN Meeting <u>7hrs</u> \$15.00	8:00am Monthly Attendance R 8:00am PERB Report - LRSA 11:00am Take Medicine	9:00am Updated: Mandated C <u>6</u> w/ Carrie	

April 2000

April 2000

May 2000

S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6	7	8	9	10	11	12	13
7	8	9	10	11	12	13	14	15	16	17	18	19	20
14	15	16	17	18	19	20	21	22	23	24	25	26	27
21	22	23	24	25	26	27	28	29	30	31			
28	29	30	31										

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
					April 1
					2
					3
		5:00pm Joan	9:00am EOPS and CARE Coor 11:00am Take Medicine		4
					5
					6
11:45am Lunch - Organization c			Ohio with Freelancers 11:00am Take Medicine		7
					8
					9
					10
					11
					12
					13
					14
					15
					16
					17
			11:00am Take Medicine 5:00pm Joan	Holiday	18
					19
					20
					21
					22
					23
					24
					25
					26
					27
					28
					29
					30
					31
	4. Prepmt Mtg Materials	12:30pm PERS Pre-Retirement 3:30pm Dr. Cohn	11:00am Take Medicine 3:00pm Mandated Cost Meetir 5:30pm Bunko <u>1 hr</u>		8:00am Monthly Attendance R

May 2000

May 2000

June 2000

S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31											

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
11:30am Luncheon for Margare 1:30pm Mandated Cost Trainir <i>1.5</i>			Comm Coll IA Workshop (State C 11:00am Take Medicine	8:00am Comm Coll IA Worksh	
		8:30am Updated: Business Sei 10:00am Mandated Cost Trainir <i>1.5</i>	11:00am Take Medicine 5:00pm Hair		
2:00pm Investment Reporting		9:00am LRF Meeting with Mos	11:00am Take Medicine		
	8:00am Overtime Sheets due 8:30am Breanne - Test	3:30pm Dr Cohn 4:30pm Joan	11:00am Take Medicine 5:00pm Bunko	7:30am Breanne - Test	
Memorial Day Holiday	8:00am Monthly Attendance R				

June 2000

June 2000

July 2000

June 2000							July 2000						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30						29	30	31				

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
			11:00am Take Medicine	11:30am Staff Appreciation Lun	
	3:30pm Breanne - Dr. Patching		11:00am Take Medicine		
GASB Update - Redondo Beach			11:00am Take Medicine		Vacation
					Vacation
			11:00am Take Medicine	8:00am Overtime Sheets due	
					Vacation
		9:00am LRSA Job Description 1:00pm Mandated Cost Trainin 1:30pm Budget Review Comm	11:00am Take Medicine 11:30am Allergy Shot	8:00am Monthly Attendance R	

5

SixTen and Associates Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

QUICK NOTE

1 Page(s) this memo
1 Page(s) attachment

DATE: November 1, 2000

TO:	Tom Donner	Cheryl Miller	Santa Monica
	John Hendrickson		Contra Costa
	Jon Sharpe		State Center
	Louise Davitz, Carrie Bray, Kim Sayles		Los Rios
	Robert Wickstrom	Vicki Reader	Sierra Joint

FROM: Keith

SUBJECT: Mandate Reimbursement Process Claim
Fiscal Year 1999-00

We are in the process of gathering data to prepare the annual Mandate Reimbursement Process claim for each of your Districts. Each of you attended EMCN-Community College Committee meetings in FY 1999-00 so we would like to claim the meeting time, travel time, and related travel costs.

If you have not already reported this information as part of the documentation already submitted for your claim, I would like you to fill out the columns B, C, and D on the attached schedule. You may want to pro-rate travel time and travel expenses for those meetings which were conducted at the October 1999 or May 2000 ACBO meeting.

If you decide to claim travel expense, please provide a copy of your reimbursed District travel expense report (airline, lodging, etc.) as the State Controller requires this documentation to be submitted with the claim, not just to have it available later for an audit.

Please respond by November 15, 2000. I do not want to delay preparing the rest of your MRP claim.

Thanks.

FILE COPY

SixTen and Associates

Schedule of EMCN-CCS Meetings/Attendance Fiscal Year 1999-2000

			A	B	C	D
EMCN Member	Meeting Date	Meeting Location	Meeting Duration	Round trip Estimated Travel Time	A & B Totals	Travel Expenses
Tom Donner	22-May-00	Embassy Suites, Napa	2 hrs			
Santa Monica	13-Mar-00	Santa Monica CCD	4.5 hrs			
Santa Monica	3-Dec-00	Santa Monica CCD	4.5 hrs			
Cheryl Miller	13-Mar-00	Santa Monica CCD	4.5 hrs			
Santa Monica	3-Dec-99	Santa Monica CCD	4.5 hrs			
Santa Monica	20-Oct-99	ACBO Conference Embassy	2.5 hrs			
John Hendrickson	13-Mar-00	Santa Monica CCD	4.5 hrs			
Contra Costa	3-Dec-99	Santa Monica CCD	4.5 hrs			
Martinez	22-May-00	Embassy Suites, Napa	2 hrs			
Jon Sharpe	22-May-00	Embassy Suites, Napa	2 hrs			
State Center Fresno						
Carrie Bray	3-Dec-99	Santa Monica CCD	4.5 hrs			
Kim Sayles	13-Mar-00	Santa Monica CCD	4.5 hrs			
Louise Davatz	22-May-00	Embassy Suites, Napa	2 hrs			
Los Rios Sacramento						
Robert Wickstrom	22-May-00	Embassy Suites, Napa	2 hrs			
Vicki Reader	13-Mar-00	Santa Monica CCD	4.5 hrs			
Sierra Joint Rocklin						

Please complete columns B, C and D.

Signature _____ Date _____

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
CB	98-9	2	14	KBP	0.1	0.0	Telecon w/ Kim Sayles
CB	99-0	3	31	KBP	2.0	2.0	Meeting w/ staff
CB	99-0	4	3	KBP	0.2	0.0	Telecon w/ Kim Sayles
CB	99-0	5	1	KBP	2.0	2.0	Meeting w/ ARC staff
CB	99-0	5	10	KBP	1.5	1.5	Training at CRC
CB	98-9	6	14	ESA	0.1	0.1	Document review
CB	98-9	6	14	RWB	0.2	0.2	Document review
CB	99-0	6	27	KBP	0.1	0.0	Telecon w/ Kim Sayles
CB	99-0	6	28	KBP	4.0	1.4	Travel to Sacramento
CB	99-0	6	28	KBP	2.0	2.0	Training staff
CB	99-0	6	30	KBP	4.5	1.5	Travel to San Diego
HFE	97-8	12	15	KBP	0.1	0.0	Telecon w/ Kim Sayles
HFE	97-8	1	5	KBP	1.3	1.3	Claim preparation
HFE	98-9	1	5	KBP	1.3	1.3	Claim preparation
HFE	98-9	1	5	KBP	0.4	0.0	Telecons w/ K. Sayles
HFE	98-9	1	6	KBP	1.1	1.1	Claim preparation
HFE	97-8	1	6	KBP	1.1	1.1	Claim preparation
HFE	97-8	1	7	LXH	0.5	0.5	Claim preparation
HFE	98-9	1	7	LXH	0.5	0.5	Claim preparation
HFE	97-8	1	8	MLL	0.2	0.2	Workload status

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District
 Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
HFE	98-9	1	8	MLL	0.2	0.2	Workload status
HFE	98-9	1	10	TMP	0.4	0.2	Claim preparation
HFE	97-8	1	10	TMP	0.4	0.2	Claim preparation
HFE	97-8	6	16	KBP	0.1	0.1	Telecon w/ N. Quok SCO
INR	97-8	1	12	RWB	0.5	0.4	Claim review
INR	98-9	1	12	RWB	0.5	0.4	Claim review
INR	97-8	1	12	KBP	0.8	0.8	Claim review
INR	98-9	1	12	MLL	0.1	0.1	Workload status
MRP	n/a	12	4	KBP	2.2	0.0	Contract materials
MRP	n/a	12	13	KBP	0.2	0.0	Telecon w/ Carrie Bray
MRP	98-9	12	16	KBP	0.1	0.1	Telecon w/ C. Yousef
MRP	n/a	12	20	KBP	0.3	0.3	Transmit CCFs 311's
MRP	n/a	12	20	KBP	0.3	0.3	Document review
MRP	n/a	12	20	KBP	0.1	0.0	Telecon w/ Kim Sayles
MRP	n/a	12	20	MLL	0.5	0.4	Permanent files
MRP	n/a	12	20	MLL	0.4	0.3	Document review
MRP	n/a	12	20	NLN	0.2	0.1	Claim preparation
MRP	n/a	12	30	KBP	0.3	0.3	Activity Report
MRP	n/a	12	30	KBP	0.4	0.4	Fax ICR
MRP	n/a	12	30	KBP	0.2	0.2	Fax to K. Sayles

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	12	31	KBP	0.2	0.2	Activity report
MRP	n/a	12	31	NLN	0.2	0.1	Workload status
MRP	n/a	1	3	MLL	0.1	0.1	Claim preparation
MRP	n/a	1	6	MLL	0.4	0.3	Permanent files
MRP	n/a	1	11	KBP	1.4	1.4	Document review
MRP	n/a	1	11	KBP	0.3	0.3	Fax to C. Bray
MRP	n/a	1	11	KBP	0.1	0.0	Telecon w/ Kim Sayles
MRP	n/a	1	12	MLL	0.1	0.1	Workload status
MRP	n/a	1	14	KBP	0.2	0.2	Document review
MRP	n/a	1	14	TMP	0.7	0.4	Claim preparation
MRP	n/a	1	15	MLL	0.1	0.1	Workload status
MRP	n/a	1	20	KBP	0.1	0.0	Telecon w/ Kim Sayles
MRP	n/a	1	21	KBP	0.3	0.3	Activity report letter
MRP	n/a	1	25	KBP	3.4	1.7	Travel from San Diego to Sacramento
MRP	n/a	1	25	LLH	3.4	0.0	Travel from San Diego to Sacramento
MRP	n/a	1	25	MLL	0.1	0.1	Permanent files
MRP	n/a	1	26	KBP	3.0	3.0	Meeting w/ Davatz, Bray, Sayles, & Hendee
MRP	n/a	1	26	LLH	3.0	0.0	Attended above meeting
MRP	n/a	1	27	KBP	4.0	2.0	Travel from Sacramento to San Diego

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District
 Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	1	27	LLH	4.0	0.0	Travel from Sacramento to San Diego
MRP	n/a	1	28	KBP	0.1	0.0	Telecon w/ Kim Sayles
MRP	n/a	2	1	KBP	0.3	0.3	Status report
MRP	n/a	2	2	KBP	0.5	0.5	Claim status report
MRP	n/a	2	7	KBP	0.3	0.3	Update college CDM
MRP	n/a	2	8	KBP	0.4	0.4	Data collection form
MRP	n/a	2	9	KBP	0.1	0.1	Data collection form
MRP	n/a	2	15	KBP	0.1	0.1	Data collection material
MRP	n/a	2	18	NLN	0.4	0.2	Permanent files
MRP	n/a	2	25	KBP	0.2	0.0	Telecon w/ Kim Sayles
MRP	99-0	3	4	TMP	0.4	0.2	Claim preparation
MRP	n/a	3	16	RWB	0.3	0.2	Client claim letter
MRP	n/a	3	20	KBP	3.5	3.5	Prepare interview materials
MRP	n/a	3	20	KBP	0.1	0.0	Telecon w/ Kim Sayles
MRP	n/a	3	21	NLN	2.5	1.3	Materials preparation
MRP	n/a	3	22	KBP	1.2	1.2	Prepare meeting materials
MRP	n/a	3	26	KBP	3.0	1.5	Travel from Salinas to Concord
MRP	n/a	3	28	KBP	1.8	1.8	Travel from Martinez to Sacramento
MRP	n/a	3	31	KBP	0.5	0.5	Prepare meeting materials
MRP	n/a	3	31	KBP	0.5	0.5	Meeting w/ Davatz, Bray, & Sayles

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	3	31	KBP	1.5	1.5	Meeting w/ Bray & Sayles
MRP	n/a	3	31	KBP	2.5	1.3	Travel - Sacramento to Merced
MRP	n/a	4	1	KBP	8.5	2.0	Travel - Sacramento to San Diego
MRP	n/a	4	10	KBP	0.4	0.4	Activity report
MRP	n/a	4	11	KBP	0.2	0.2	Activity report
MRP	n/a	4	11	MLL	0.3	0.0	Materials preparation
MRP	n/a	4	21	KBP	0.5	0.5	Prepare interview materials
MRP	n/a	4	22	BPB	1.8	0.8	Client claim letters
MRP	n/a	4	24	KBP	0.4	0.0	Contract materials
MRP	n/a	4	28	BPB	1.9	1.0	Client claim letters
MRP	n/a	5	1	KBP	3.5	3.0	Travel - San Diego
MRP	n/a	5	1	KBP	3.5	3.0	Travel - Sacramento
MRP	n/a	5	2	BPB	0.2	0.2	Document review
MRP	n/a	5	3	BPB	0.1	0.1	Document review
MRP	n/a	5	9	KBP	10.0	3.0	Travel
MRP	n/a	5	12	KBP	10.0	3.0	Travel
MRP	n/a	5	24	KBP	0.2	0.0	Telecon w/ Kim Sayles
MRP	n/a	5	26	KBP	0.2	0.0	Telecon w/ Carrie Bray
MRP	n/a	5	29	KBP	0.6	0.0	Letter to Davatz
MRP	n/a	5	30	KBP	0.2	0.0	Telecon w/ K. Sayles

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual</u>	<u>Bill</u>	<u>Activity</u>
					<u>Time</u>	<u>Time</u>	
MRP	n/a	5	30	BPA	0.7	0.4	Client claim letters
MRP	n/a	5	30	BPB	0.4	0.2	Revenue summary
MRP	n/a	5	30	TMP	0.4	0.2	Claim preparation
MRP	n/a	5	31	ESA	0.6	0.3	Client claim letters
MRP	n/a	5	31	RWB	0.9	0.5	Client claim letters
MRP	n/a	6	1	ESA	0.9	0.5	Client claim letters
MRP	n/a	6	1	TMP	0.3	0.2	Claim preparation
MRP	n/a	6	5	KBP	0.1	0.0	Telecon w/ L. Davatz
MRP	n/a	6	5	BPB	0.7	0.4	Document request
MRP	n/a	6	6	AMD	1.0	0.5	Permanent files
MRP	n/a	6	7	KBP	0.1	0.0	Telecon w/ Kim Sayles
MRP	n/a	6	8	AMD	0.1	0.1	Permanent files
MRP	n/a	6	9	ESA	1.3	0.7	Revenue summary
MRP	n/a	6	12	ESA	0.1	0.5	Revenue summary
MRP	n/a	6	17	BPB	1.0	0.5	Revenue summary
MRP	n/a	6	17	ESA	0.2	0.1	Revenue summary
MRP	n/a	6	19	KBP	0.4	0.4	Revenue summary
MRP	n/a	6	20	BPB	0.3	0.2	Revenue summary
MRP	n/a	6	20	ESA	0.2	0.1	Revenue summary
MRP	n/a	6	22	BPB	0.1	0.1	Revenue summary

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Billing Summary - Fiscal Year 1999-2000

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual</u> <u>Bill</u>		<u>Activity</u>
					<u>Time</u>	<u>Time</u>	
MRP	n/a	6	23	BPB	1.1	0.6	CCSF 311
MRP	n/a	6	24	BPB	0.6	0.3	Permanent files
MRP	n/a	6	26	BPB	1.1	0.6	Indirect cost rates
MRP	n/a	6	27	BPB	0.4	0.2	Indirect cost rates
MRP	n/a	6	28	AMD	0.2	0.1	Permanent files
MRP	n/a	6	29	BPA	0.8	0.4	PHR updates
MRP	n/a	6	29	BPA	0.7	0.4	PHR updates
OMA	98-9	12	16	KBP	0.2	0.0	Telecon w/ K. Sayles
OMA	98-9	1	7	KBP	0.1	0.0	Telecon w/ K. Sayles
OMA	98-9	1	7	KBP	0.2	0.2	Document review
OMA	98-9	1	10	KBP	0.2	0.0	Telecons w/ Kim Sayles
OMA	97-8	1	12	KBP	0.4	0.4	Document review
OMA	98-9	1	12	KBP	0.4	0.4	Document review
OMA	97-8	1	12	KBP	1.1	1.1	Claim preparation
OMA	98-9	1	12	KBP	1.1	1.1	Claim preparation
OMA	98-9	1	12	KBP	0.1	0.0	Telecon w/ Kim Sayles
OMA	97-8	1	12	BPB	4.0	3.2	Claim preparation
OMA	98-9	1	12	BPB	3.4	2.7	Claim preparation
OMA	97-8	1	12	MLL	0.1	0.1	Workload status
OMA	98-9	1	12	MLL	0.1	0.1	Workload status

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
Billing Summary - Fiscal Year 1999-2000

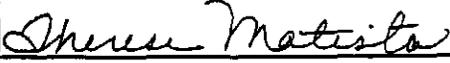
THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
OMA	97-8	1	12	RWB	1.0	0.8	Claim review
OMA	98-9	1	12	RWB	0.8	0.6	Claim review
OMA	97-8	1	12	TMP	0.4	0.2	Claim preparation
OMA	98-9	1	12	TMP	0.4	0.2	Claim preparation
OMA	98-9	1	13	KBP	0.1	0.0	Telecon w/ Kim Sayles
OMA	99-0	3	31	KBP	0.5	0.5	Prepare meeting materials
OMA	99-0	3	31	KBP	1.0	1.0	Meeting w/ staff
	Total				149.5	85.5	

S RIOS COMMUNITY COLLEGE
 CALCULATION OF INDIRECT COST RATE,
 FISCAL YEAR 1998-1999

FOR FY 1999-2000
 COSTS

DESCRIPTION	1998-1999
INSTRUCTIONAL ACTIVITY	
Instructional Costs	
Instructional Salaries and Benefits	66,363,220
Instructional Operating Expenses	2,641,529
Instructional Support	211,179
Auxiliary Classes Inst. Salaries and Benefits	32,654
TOTAL INSTRUCTIONAL COSTS 1	69,248,582
Non-Instructional Costs	
Non-Instructional Salaries and Benefits	2,308,758
Instructional Admin. Salaries and Benefits	7,969,569
Instructional Admin. Operating Expenses	1,772,227
Auxiliary Classes Non-Inst. Salaries and Benefits	361,077
Auxiliary Classes Operating Expenses	391,864
TOTAL NON-INSTRUCTIONAL COSTS 2	12,803,495
TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	82,052,077
DIRECT SUPPORT ACTIVITY	
Direct Support Costs	
Instructional Support Service	3,535,803
Admissions and Records	2,040,311
Counselling and Guidance	8,685,890
Other Student Services	13,709,070
TOTAL DIRECT SUPPORT COSTS 4	27,971,074
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)	
	110,023,151
Indirect Support Costs	
Operation and Maintenance of Plant	12,292,216
Planning and Policy Making	3,367,447
General Instructional Support Services	17,786,018
TOTAL INDIRECT SUPPORT COSTS 6	33,445,681
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS	
	143,468,832
SUPPORT COSTS ALLOCATION RATES	
Indirect Support Costs Allocation Rate =	
Total Indirect Supports Costs (6)	30.40%
Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =	
Total Direct Support Costs (4)	34.09%
Total Instructional Activity Costs (3)	
Total Support Cost Allocation	64.49%

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 MANDATE REIMBURSEMENT PROCESS (SCHOOL DISTRICTS)			For State Controller Use Only	Program
			(19) Program Number 00042	042
			(20) Date Filed ___/___/___	
			(21) LRS Input ___/___/___	
LABEL HERE	(01) S34050	Reimbursement Claim Data		
	(02) LOS RIOS COMM COLL DIST	(22) MRP-1, (03)(a)	-0-	
	Court SACRAMENTO COUNTY	(23) MRP-1, (03)(b)	6	
	Street 1919 SPANCS COURT	(24) MRP-1, (03)(c)	-0-	
	City SACRAMENTO CA 95825	(25) MRP-1, (04)(1)(d)	-0-	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) MRP-1, (04)(2)(e)	12,767
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) MRP-1, (04)(3)(d)	-0-
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) MRP-1, (06)	31.45%
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 20 01 / 20 02	(12) 20 00 / 20 01	(30)	
Total Claimed Amount	(07) 12,887	(13) 15,245	(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32)	
Less: Prior Claim Payment Received		(15) 17,289	(33)	
Net Claimed Amount		(16) (2,044)	(34)	
Due from State	(08) 12,887	(17)	(35)	
Due to State		(18) 2,044	(36)	
(37) CERTIFICATION OF CLAIM				
In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 486, Statutes of 1975, and Chapter 1459, Statutes of 1984, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.				
I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 486, Statutes of 1975, and Chapter 1459, Statutes of 1984.				
The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 486, Statutes of 1975, and Chapter 1459, Statutes of 1984, set forth on the attached statements.				
Signature of Authorized Officer			Date	
			4/29/02	
Theresa Matista			Interim Vice Chancellor, Finance & Administration	
Type or Print Name			Title	
(38) Name of Contact Person for Claim			Telephone Number	
Raymond Andres, General Acctg Supervisor			016) 568 .3033 Ext.	
			E-Mail Address	
			andresr@do.losrios.cc.ca.us	

Program 042	MANDATED COSTS MANDATE REIMBURSEMENT PROCESS (SCHOOL DISTRICTS) CLAIM SUMMARY	FORM MRP-1
--	--	-----------------------------

(01) Claimant LOS RIOS COMMUNITY COLLEGE DISTRICT	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20 ⁰⁰ /20 ⁰¹
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Claim Statistics

(03) Chapter/Statute, Name, and Number of Mandates	(a) Test Claims	(b) Reimbursement Claims	(c) Incorrect Reduction Claims
Absentee Ballots CH77/78 & 920/94		X	
Collective Bargaining CH961/75 & 1213/91		X	
Health Fee Elimination CH1/84 & 1118/87		X	
Open Meetings Act CH641/86		X	
Investment Reports CH783/95, 156/96 & 749/96		X	
Mandated Reimbursement Process CH486/75 & 1459/84		X	

Total Number of Claims Filed		6	
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Direct Costs	Object Accounts				
(04) Reimbursable Components	(a) Salaries & Benefits	(b) Materials & Supplies	(c) Travel & Training	(d) Contract Services	(e) Total
1. Test Claims					
2. Reimbursement Claims	7,651	-0-	228	4,888	12,767 ✓
3. Incorrect Reduction Claims					
(05) Total Direct Costs	7,651	-0-	228	4,888	12,767 ✓

Indirect Costs	
(06) Indirect Cost Rate	From J-380, J-580, or FAM-29C 31.45 %
(07) Total Indirect Costs	[Line (06) x (line (05)(e) - line (05)(d))] 2,478 ✓
(08) Total Direct and Indirect Costs	[Line (05)(e) + line (07)] 15,245 ✓

Cost Reduction	
(09) Less: Offsetting Savings	
(10) Less: Other Reimbursements	
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))] 15,245 ✓

Program <b style="font-size: 24pt;">042	MANDATED COSTS MANDATE REIMBURSEMENT PROCESS (SCHOOL DISTRICTS) CLAIM SUMMARY	FORM MRP-1
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(01) Claimant LOS RIOS COMMUNITY COLLEGE DISTRICT	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input checked="" type="checkbox"/>	Fiscal Year 2001/2002
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Claim Statistics

(03) Chapter/Statute, Name, and Number of Mandates	(a) Test Claims	(b) Reimbursement Claims	(c) Incorrect Reduction Claims
Absentee Ballots CH77/78 & 920/94 Collective Bargaining CH961/75 & 1213/91 Health Fee Elimination CH1/84 & 1118/87 Open Meetings Act CH641/86 Investment Reports CH783/95, 156/96 & 749/96 Mandated Reimbursement Process CH486/75 & 1459/84	 	X X X X X X	

Total Number of Claims Filed		6	
------------------------------	--	---	--

Direct Costs	Object Accounts				
(04) Reimbursable Components	(a) Salaries & Benefits	(b) Materials & Supplies	(c) Travel & Training	(d) Contract Services	(e) Total
1. Test Claims					
2. Reimbursement Claims	5,000	-0-	1,000	5,000	11,000
3. Incorrect Reduction Claims					
(05) Total Direct Costs	5,000	-0-	1,000	5,000	11,000

Indirect Costs		
(06) Indirect Cost Rate	From J-380, J-580, or FAM-29C	31.45 %
(07) Total Indirect Costs	[Line (06) x (line (05)(e) - line (05)(d))]	1,887
(08) Total Direct and Indirect Costs	[Line (05)(e) + line (07)]	12,887

Cost Reduction		
(09) Less: Offsetting Savings		
(10) Less: Other Reimbursements		
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]	12,887

Program 042	MANDATED COSTS MANDATE REIMBURSEMENT PROCESS (SCHOOL DISTRICTS) COMPONENT/ACTIVITY COST DETAIL	FORM MRP-2
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(01) Claimant LOS RIOS COMMUNITY COLLEGE DISTRICT	(02) Fiscal Year 2000-2001
--	-------------------------------

(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.

Test Claims
 Reimbursement Claims
 Incorrect Reduction Claims

(04) Description of Expenses			Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Travel and Training	(g) Contract Services
<div style="font-size: 24px; font-weight: bold; margin-bottom: 20px;">SEE ATTACHED SPREADSHEET</div>						

(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>1</u> of <u>1</u>				
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**LOS RIOS COMMUNITY COLLEGE
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR 1999-2000 CCFS 311 FOR 2000-2001 RATE**

For 2000-2001

REFERENCE (CCFS 311)	DESCRIPTION	1999-2000
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	70,983,417
	Instructional Operating Expenses	3,674,093
	Instructional Support	241,888
	Auxiliary Classes Inst. Salaries and Benefits	27,282
	TOTAL INSTRUCTIONAL COSTS 1	74,926,680
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	3,793,275
	Instructional Admin. Salaries and Benefits	8,364,740
	Instructional Admin. Operating Expenses	1,803,836
	Auxiliary Classes Non-Inst. Salaries and Benefits	725,149
	Auxiliary Classes Operating Expenses	560,834
	TOTAL NON-INSTRUCTIONAL COSTS 2	15,247,834
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	90,174,514
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Service	4,803,997
	Admissions and Records	2,117,273
	Counselling and Guidance	9,941,803
	Other Student Services	13,082,464
	TOTAL DIRECT SUPPORT COSTS 4	29,945,537
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		120,120,051
	Indirect Support Costs	
	Operation and Maintenance of Plant	13,331,397
	Planning and Policy Making	4,090,923
	General Instructional Support Services	20,355,449
	TOTAL INDIRECT SUPPORT COSTS 6	37,777,769
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS		
(5 + 6) = TOTAL COSTS		157,897,820
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =		
	Total Indirect Supports Costs (6)	31.45%
	Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =		
	Total Direct Support Costs (4)	33.21%
	Total Instructional Activity Costs (3)	
Total Support Cost Allocation		64.66%

Schedule 4
 Los Rios Community College District
 486/75 Mandate Reimbursement Process
 FY2000-2001

Purpose: To find time for Los Rios CCD employees.

Source: SixTen and Associates Billing.

Findings:

Meetings and Telecons with SixTen

Ref.	Name	Claim	Date	Time
1	Bray, Carrie	AB	11/02/00	0.1
6	Bray, Carrie	CB	11/16/00	0.1
9	Bray, Carrie	CB	05/31/00	0.1
14	Bray, Carrie	MRP	11/07/00	0.2
15	Bray, Carrie	MRP	07/26/00	0.1
20	Bray, Carrie	MRP	12/18/00	0.1
24	Bray, Carrie	POBAR	10/16/00	0.1
				0.8
2	Sayles, Kim	AB	11/03/00	0.1
3	Sayles, Kim	AB	12/05/00	0.2
4	Sayles, Kim	AB	10/30/00	0.1
5	Sayles, Kim	AB	12/18/00	0.1
7	Sayles, Kim	CB	12/06/00	0.1
8	Sayles, Kim	CB	01/04/01	0.1
10	Sayles, Kim	HFE	01/30/01	0.2
11	Sayles, Kim	MRP	12/12/00	0.1
12	Sayles, Kim	MRP	01/10/01	0.1
13	Sayles, Kim	MRP	10/10/00	0.1
16	Sayles, Kim	MRP	08/15/00	0.1
17	Sayles, Kim	MRP	09/07/00	0.1
18	Sayles, Kim	MRP	11/15/00	0.1
19	Sayles, Kim	MRP	12/12/00	0.1
				duplicate
21	Sayles, Kim	MRP	01/16/01	0.1
22	Sayles, Kim	MRP	01/09/01	0.8
23	Sayles, Kim	POBAR	10/12/00	0.2
				2.7

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
AB	99-0	12	9	BPB	0.2	0.2	Document review
AB	99-0	11	2	CY	0.1	0.0	Telecon w/ Carry Bray
AB	99-0	11	2	CY	0.1	0.1	Telecon w/ Sacramento Co. Voter Registrar
AB	99-0	11	2	CY	0.1	0.1	Telecon w/ Yolo Co. Voter Registrar
AB	99-0	11	2	CY	0.1	0.1	Telecon w/ Placer Co. Voter Registrar
AB	99-0	11	3	CY	0.1	0.0	Telecon w/ Kim Sayles 2
AB	99-0	11	6	CY	0.1	0.1	Telecon w/ Placer County Voter Registrar
AB	99-0	11	23	CY	0.1	0.1	Telecon w/ KBP
AB	99-0	11	24	CY	0.2	0.2	Telecon w/ KBP
AB	99-0	12	5	CY	0.2	0.1	Telecons w/ Kim Sayles 3
AB	99-0	12	29	ESA	0.1	0.1	Claim preparation
AB	99-0	10	30	KBP	0.1	0.0	Telecon w/ K. Sayles 4
AB	99-0	11	23	KBP	0.1	0.1	Telecon w/ C. Yousef
AB	99-0	11	24	KBP	0.2	0.2	Telecon w/ C. Yousef
AB	99-0	12	18	KBP	0.1	0.0	Telecon w/ Kim Sayles 5
AB	99-0	11	24	OTS	0.5	0.5	Document review
AB	99-0	11	24	OTS	0.8	0.8	Document request
AB	99-0	11	25	OTS	0.8	0.8	Claim preparation

IRC
 Pres. & Assoc.
 STAFF
 CLIENT

SixTen and Associates

Annual Claim Service

Mandate Reimbursement Services

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
AB	99-0	11	25	RWB	0.2	0.2	Claim review
AB	99-0	12	14	TMP	0.3	0.2	Claim preparation
AB	99-0	12	29	TMP	0.2	0.1	Claim preparation
SC	↓ IRC	8	20	KBP	7.4	0.9	Travel to Merced
CB	99-0	8	21	KBP	2.3	0.3	Merced to Sacramento
CB	99-0	8	21	KBP	2.0	2.0	Training Sacramento City Staff
CB	99-0	8	25	KBP	9.6	1.2	Travel to San Diego
CB	99-0	11	16	KBP	0.1	0.0	Telecon w/ Cary Bray 6
CB	99-0	12	6	KBP	0.1	0.0	Telecon w/ K. Sayles 7
CB	99-0	1	4	KBP	0.1	0.0	Telecon w/ K. Sayles 8
CB	01-2	5	31	KBP	0.1	0.0	Telecon w/ C. Bray 9
HFE	99-0	11	15	BPB	0.5	0.4	Document review
HFE	99-0	12	9	BPB	0.3	0.2	Document review
HFE	99-0	12	29	ESA	0.1	0.1	Claim preparation
HFE	98-9	1	30	KBP	0.2	0.0	Telecon w/ Kim Sayles 10
HFE	99-0	11	18	KBP	0.4	0.4	Claim preparation
HFE	99-0	12	13	KBP	0.4	0.4	Claim review
HFE	98-9	3	20	LES	1.5	1.2	Claim preparation

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
HFE	98-9	3	21	LES	0.2	0.2	Letter to SCO
HFE	98-9	4	4	LES	0.9	0.7	Faxes to K. Sayles
HFE	99-0	11	10	OTS	1.3	1.3	Document review
HFE	99-0	11	10	OTS	0.5	0.5	Claim preparation
HFE	99-0	11	10	OTS	0.8	0.8	Document request
HFE	99-0	11	18	OTS	1.8	1.8	Claim preparation
HFE	99-0	11	23	OTS	1.3	1.3	Claim preparation
HFE	99-0	11	10	RWB	0.8	0.8	Claim preparation
HFE	99-0	11	10	RWB	0.5	0.5	Claim preparation
HFE	99-0	12	12	RWB	1.0	1.0	Claim preparation
HFE	99-0	12	14	TMP	0.3	0.2	Claim preparation
HFE	99-0	12	29	TMP	0.2	0.1	Claim preparation
INR	99-0	11	28	BPB	0.5	0.4	Claim review
INR	99-0	12	29	ESA	0.1	0.1	Claim preparation
INR	99-0	11	29	KBP	0.2	0.2	Claim review
INR	99-0	11	24	OTS	1.0	1.0	Claim preparation
INR	99-0	11	24	RWB	0.2	0.2	Claim review
INR	99-0	11	27	SEH	0.5	0.3	Claim preparation

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
INR	99-0	12	14	TMP	0.3	0.2	Claim preparation
INR	99-0	12	29	TMP	0.2	0.1	Claim preparation
JCN	98-9	5	8	LES	0.2	0.2	Telecon w/ SCO
MRP	99-0	7	19	AMD	0.1	0.1	Claim preparation
MRP	n/a	8	28	AMD	0.5	0.3	Schedule of payments
MRP	n/a	8	29	AMD	0.1	0.1	Schedule of payments
MRP	n/a	8	31	AMD	0.2	0.1	Payment schedules
MRP	n/a	9	1	AMD	0.1	0.1	Faxed claim due dates
MRP	n/a	10	4	AMD	0.1	0.1	Faxed claim status
MRP	n/a	10	4	AMD	0.1	0.1	Permanent file
MRP	n/a	1	17	AMD	0.1	0.1	Client claim letters
MRP	n/a	1	26	AMD	0.1	0.1	Client claim letters
MRP	n/a	1	27	AMD	0.1	0.1	Client claim letters
MRP	n/a	7	5	BPA	0.1	0.1	PHR letters
MRP	n/a	8	17	BPA	0.8	0.4	Workload status report
MRP	n/a	8	24	BPA	0.4	0.2	Workload status report
MRP	n/a	8	25	BPA	0.2	0.1	Workload status report
MRP	n/a	8	30	BPA	0.2	0.1	Workload status

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	8	31	BPA	0.1	0.1	Client letter
MRP	n/a	9	9	BPA	0.3	0.2	PHR updates
MRP	n/a	1	23	BPA	0.4	0.2	Client claim letters
MRP	n/a	2	23	BPA	0.3	0.2	Permanent files
MRP	n/a	4	18	BPA	0.1	0.1	Activity report
MRP	n/a	4	25	BPA	0.3	0.2	Payment review
MRP	n/a	6	22	BPA	0.2	0.1	Payment review
MRP	n/a	12	12	BPA	0.6	0.3	PHR update
MRP	n/a	7	19	BPB	0.4	0.2	Permanent files
MRP	n/a	8	24	BPB	0.4	0.2	Permanent file
MRP	n/a	8	28	BPB	0.2	0.2	Document review
MRP	n/a	8	29	BPB	0.4	0.2	Permanent files
MRP	n/a	9	7	BPB	0.6	0.3	Remittance Advice request
MRP	n/a	9	8	BPB	0.3	0.2	SCO Payments Tracking
MRP	n/a	10	12	BPB	0.1	0.1	Verify PHR list
MRP	n/a	10	17	BPB	1.0	0.8	Document request
MRP	n/a	10	19	BPB	0.1	0.1	Document review
MRP	n/a	11	2	BPB	0.6	0.5	Document review

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	11	3	BPB	0.4	0.3	Document review
MRP	n/a	11	3	BPB	1.2	0.6	Permanent files
MRP	n/a	11	7	BPB	0.8	0.5	Document request
MRP	n/a	11	28	BPB	0.1	0.1	Permanent files
MRP	n/a	12	12	BPB	0.3	0.2	Document review
MRP	n/a	12	12	BPB	0.1	0.0	Telecon w/ Kim Sayles 11
MRP	n/a	12	30	BPB	0.1	0.1	Claim status
MRP	n/a	1	10	BPB	0.1	0.0	Telecon w/ Kim Sayles 12
MRP	n/a	1	15	BPB	0.1	0.1	Workload tracking
MRP	n/a	1	15	BPB	0.1	0.1	Claim tracking
MRP	n/a	5	1	BPB	0.1	0.1	Revenue summary
MRP	n/a	5	2	BPB	1.1	0.9	Revenue summary
MRP	n/a	5	4	BPB	0.3	0.2	Revenue summary
MRP	n/a	5	23	BPB	0.5	0.4	Revenue summary
MRP	n/a	6	5	BPB	0.1	0.1	Revenue summary
MRP	n/a	6	7	BPB	0.4	0.3	Revenue summary
MRP	n/a	6	8	BPB	0.2	0.2	Revenue summary
MRP	n/a	6	11	BPB	0.1	0.1	Revenue summary

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	1	13	CAM	0.5	0.3	Client claim letters
MRP	n/a	1	18	CAM	0.2	0.1	Client claim letters
MRP	n/a	1	19	CAM	0.3	0.2	Client claim letters
MRP	n/a	5	1	CAM	0.1	0.1	Permanent files
MRP	n/a	5	11	CAM	0.5	0.4	PHR update
MRP	99-0	10	10	CY	0.1	0.0	Telecon w/ Kim Sayles 13
MRP	n/a	11	7	CY	0.2	0.2	Telecon and Faxes w/ C. Bray 14
MRP	n/a	3	29	CY	4.0	3.2	Work on Indirect Cost Calculation
MRP	n/a	8	25	ESA	0.1	0.1	Workload status
MRP	n/a	9	29	ESA	0.5	0.3	Workload status
MRP	n/a	10	2	ESA	0.5	0.3	Workload status
MRP	n/a	10	3	ESA	0.4	0.2	Workload status
MRP	n/a	10	30	ESA	0.3	0.2	Workload status
MRP	n/a	10	31	ESA	0.4	0.2	Workload status
MRP	n/a	11	1	ESA	0.4	0.2	Workload status
MRP	n/a	12	1	ESA	0.1	0.1	Workload status
MRP	n/a	12	2	ESA	0.4	0.2	Workload status
MRP	n/a	1	18	ESA	0.6	0.3	Client claim letters

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	1	23	ESA	0.4	0.2	Client claim letters
MRP	n/a	1	24	ESA	0.3	0.2	Client claim letters
MRP	n/a	1	25	ESA	0.1	0.1	Client claim letters
MRP	n/a	1	29	ESA	0.2	0.1	Client claim letters
MRP	n/a	3	24	KAB	0.1	0.1	Permanent files
MRP	n/a	3	26	KAB	0.3	0.2	Payment review
MRP	n/a	4	18	KAB	0.1	0.1	Activity report
MRP	n/a	4	25	KAB	0.2	0.0	Contract materials
MRP	n/a	5	2	KAB	0.2	0.1	Permanent files
MRP	n/a	5	4	KAB	0.1	0.1	Permanent files
MRP	n/a	5	9	KAB	0.2	0.1	Permanent files
MRP	n/a	5	23	KAB	0.2	0.1	Permanent files
MRP	n/a	5	24	KAB	0.3	0.2	Permanent files
MRP	n/a	6	5	KAB	0.1	0.1	Permanent files
MRP	n/a	6	7	KAB	0.1	0.1	Permanent files
MRP	n/a	6	8	KAB	0.1	0.1	Revenue summary
MRP	n/a	7	7	KBP	0.3	0.3	Workload Planning
MRP	n/a	7	14	KBP	0.3	0.3	Activity report

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	Actual Bill		<u>Activity</u>
					<u>Time</u>	<u>Time</u>	
MRP	n/a	7	15	KBP	0.4	0.4	Activity reports
MRP	n/a	7	24	KBP	0.3	0.3	Workload scheduling
MRP	n/a	7	26	KBP	0.1	0.0	Telecon w/ C. Bray 15
MRP	n/a	8	15	KBP	0.1	0.0	Telecon w/ Kim Sayles 16
MRP	n/a	8	19	KBP	0.2	0.2	Materials preparation
MRP	n/a	8	31	KBP	0.2	0.2	E-mail for C. Bray
MRP	n/a	9	7	KBP	0.2	0.2	Fax to C. Bray
MRP	n/a	9	7	KBP	0.1	0.0	Telecon w/ K. Sayles 17
MRP	n/a	10	2	KBP	0.2	0.2	Permanent file
MRP	n/a	10	2	KBP	0.2	0.2	Fax to C. Yousef
MRP	n/a	10	9	KBP	0.2	0.2	Activity report
MRP	n/a	10	12	KBP	0.3	0.3	Activity report
MRP	99-0	10	31	KBP	0.4	0.4	Claim preparation
MRP	n/a	11	15	KBP	0.1	0.0	Telecon w/ K. Sayles 18
MRP	n/a	12	12	KBP	0.1	0.0	Telecon w/ Kim Sayles 19
MRP	n/a	12	18	KBP	0.1	0.0	Telecon w/ C. Bray 20
MRP	n/a	12	29	KBP	0.2	0.2	Workload status

SixTen and Associates
Mandate Reimbursement Services

Annual Claim Service

Los Rios Community College District
 Monthly Billing Summary - 07/00 Through 06/01

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<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	12	30	KBP	0.3	0.3	Activity report
MRP	n/a	1	3	KBP	0.2	0.2	Activity report
MRP	n/a	1	4	KBP	0.2	0.2	Activity report
MRP	n/a	1	13	KBP	0.5	0.5	CDM forms
MRP	n/a	1	15	KBP	0.3	0.3	CDM forms
MRP	n/a	1	16	KBP	0.5	0.5	CDM forms
MRP	99-0	1	16	KBP	0.1	0.0	Telecon w/ Kim Sayles 21
MRP	n/a	1	17	KBP	0.2	0.2	Workload status
MRP	n/a	1	20	KBP	0.2	0.2	CDM forms
MRP	n/a	1	27	KBP	0.2	0.2	CDM forms
MRP	n/a	4	12	KBP	0.4	0.4	Activity reports
MRP	n/a	4	13	KBP	0.2	0.2	Activity reports
MRP	n/a	4	14	KBP	0.2	0.2	Activity report
MRP	n/a	4	24	KBP	0.1	0.0	Contract materials
MRP	n/a	5	29	KBP	0.1	0.1	Mandate Revenue Summary
MRP	n/a	10	12	LAW	0.1	0.1	Update PHR's
MRP	n/a	1	11	LAW	0.3	0.2	Permanent files

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

THIS IS NOT A BILL

<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	1	12	LAW	0.3	0.2	Permanent files
MRP	n/a	1	17	LES	0.2	0.2	CDM forms
MRP	n/a	1	18	LES	0.3	0.2	CDM forms
MRP	99-0	7	13	NLN	0.3	0.2	Year end summary
MRP	n/a	2	2	NLN	0.6	0.3	Claim development materials
MRP	n/a	4	16	NLN	0.1	0.1	Activity report
MRP	n/a	11	17	RWB	0.1	0.1	Claim status review
MRP	n/a	12	14	RWB	0.4	0.4	Document review
MRP	n/a	5	3	RWB	0.7	0.7	Revenue review
MRP	n/a	5	22	RWB	0.2	0.2	Revenue summary
MRP	n/a	5	24	RWB	0.1	0.1	Revenue summary
MRP	n/a	5	30	RWB	0.2	0.2	Revenue summary
MRP	n/a	5	31	RWB	1.1	1.1	Revenue summary
MRP	n/a	6	26	RWB	0.3	0.2	Permanent files
MRP	99-0	10	23	SEH	0.2	0.1	Claim preparation
MRP	99-0	10	31	SEH	0.1	0.1	Document request
MRP	n/a	1	17	SEH	0.5	0.3	Workload status
MRP	n/a	1	19	SEH	0.5	0.3	Workload status

SixTen and Associates**Annual Claim Service****Mandate Reimbursement Services**

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

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<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
MRP	n/a	1	22	SEH	0.2	0.1	Status report
MRP	n/a	1	22	SEH	0.1	0.1	Status report
MRP	n/a	1	22	SEH	0.2	0.1	Document request
MRP	00-1	5	31	SEH	0.1	0.1	Document request
MRP	00-1	6	1	SEH	0.4	0.3	Document request
MRP	n/a	6	8	SEH	0.1	0.1	Permanent files
MRP	n/a	6	14	SEH	0.2	0.1	Permanent files
MRP	n/a	6	26	SEH	0.1	0.1	Permanent files
MRP	n/a	4	13	SMP	0.2	0.2	Payment review
MRP	99-0	8	25	TMP	1.0	0.5	Billing & Payment Summaries
MRP	n/a	1	4	TMP	0.4	0.2	Quarterly Report
MRP	n/a	2	1	TMP	0.3	0.2	Client claim letter
MRP	n/a	5	25	WLL	0.8	0.4	PHR update
MRP	n/a	5	29	WLL	0.4	0.2	PHR update
OMA	99-0	1	9	AMD	0.2	0.2	Claim preparation
OMA	99-0	12	14	BPA	0.3	0.2	Document review
OMA	99-0	1	8	BPA	1.8	1.1	Claim preparation
OMA	99-0	1	9	BPB	1.2	1.0	Claim review

SixTen and Associates

Annual Claim Service

Mandate Reimbursement Services

Los Rios Community College District

Monthly Billing Summary - 07/00 Through 06/01

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<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
OMA	97-0	2	27	CAM	1.5	1.2	Document review
OMA	97-0	2	21	ESA	0.3	0.2	Document review
OMA	99-0	1	8	KBP	0.1	0.0	Telecon w/ Kim Sayles
OMA	99-0	1	9	KBP	0.4	0.4	Claim review
OMA	99-0	1	9	KBP	0.8	0.0	Telecons w/ Kim Sayles <i>22</i>
OMA	n/a	2	20	KBP	0.2	0.2	Materials preparation
OMA <i>2</i>	IRG	11	30	LES	0.2	0.2	Claim preparation
OMA	99-0	12	26	OTS	0.8	0.8	Document review
OMA	99-0	12	26	OTS	0.5	0.5	Document request
OMA	n/a	2	15	RWB	0.3	0.3	Software preparation
OMA	n/a	2	16	RWB	0.3	0.3	Software preparation
OMA	n/a	2	17	RWB	0.2	0.2	Software preparation
OMA	97-0	4	27	RWB	0.1	0.1	Update status report
OMA	99-0	1	9	SEH	1.0	0.7	Claim preparation
OMA	99-0	1	10	SEH	0.3	0.2	Claim preparation
OMA	97-0	3	27	SEH	0.2	0.2	Document review
OMA	99-0	1	11	TMP	0.2	0.1	Claim preparation
OMA	99-0	1	12	TMP	0.4	0.2	Claim preparation

SixTen and Associates

Annual Claim Service

Mandate Reimbursement Services

Los Rios Community College District

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<u>Claim</u>	<u>Year</u>	<u>Mth</u>	<u>Day</u>	<u>Name</u>	<u>Actual Time</u>	<u>Bill Time</u>	<u>Activity</u>
POBAR	n/a	10	11	CY	0.6	0.5	Claim development materials
POBAR	n/a	10	12	CY	0.2	0.0	Telecon w/ Kim Sayles <i>23</i>
POBAR	n/a	10	16	CY	0.1	0.0	Telecon w/ Carry Bray <i>24</i>
POBAR	n/a	10	23	ESA	0.3	0.2	Materials preparation
Total					102.2	66.0	

MANDATED COSTS
MANDATE REIMBURSEMENT PROCESS (SCHOOL DISTRICTS)
COMPONENT/ACTIVITY COST DETAIL

(04) Description of Expenses		Object Accounts				
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Employee Names, Job Classifications, Functions Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries and Benefits	Materials and Supplies	Travel and Training	Contract Services
Training & Claims Preparation						
Judy Beachler	Director, Institutional Research	66.61	0.08	5		
Myra Borg	Dean, Matriculation & Student Development	65.36	6.08	397		
Kari Forbes-Boyle	Dean, BSS	67.52	1.08	73		
Carrie Bray	Director, Accounting Services	61.58	2.74	169		
Christopher Brown	Vice President, Administrative Services	70.87	0.25	18		
Steve Bruckman	General Counsel	84.47	2.00	169		
Melody Campbell	Secretary, General Services	27.62	0.08	2		
Suzanne Chock-Hunt	Vice President, Instruction	76.12	1.34	102		
Ramona Cobian	EOP&S Supervisor	37.21	1.00	37		
Phil Cypret	Dean of Technology Division	53.81	1.00	54		
Louise Davatz	Executive Vice Chancellor	85.17	3.58	341		
Larry Dun	Dean, Student Services	74.24	1.00	74		
Jeanne Freeman	Executive Assistant to the Chancellor	41.07	0.08	3		
Virginia Geesford	Coordinator, Learning Center	61.08	0.58	35		
Claudia Harrison	Vice President, Student Services	74.62	1.50	112		
Brice Harris	Chancellor	113.49	0.08	9		
Janice Henderson	Secretary, Instruction	30.91	0.08	2		
Patricia Hsieh	Vice President, Student Services	65.27	0.50	33		
Chris Iwata	Dean, Humanities & Fine Arts	76.63	1.00	77		
Julia Jolly	Dean II, Language & Literature	58.30	0.08	5		
Mike Jones	Employee Benefits Supervisor	50.25	1.00	50		
Gregory Jorgensen	Vice President, Instruction	29.72	1.00	30		
Karen LaVine	Records/Admissions Supervisor	38.31	1.00	38		
Sue Lorimer	Dean, Planning Research & Development	70.21	0.67	47		
Richard McCormac	Vice President, Instruction	64.11	0.08	5		
Virginia Millhone	Admin Assistant	33.37	3.00	100		
Nelle Moore	Dean, Science/Allied Health	65.26	1.00	65		
Janet Olson	Nurse	52.93	0.50	26		
Larry Pannier	Confidential System Analyst	52.88	0.65	35		
Alma Perez	Confidential Administrative Secretary - HR	24.83	0.08	2		
Martin Purnott	Payroll Supervisor	46.62	0.08	4		
Brian Roach	Director, IT Technical Services	62.97	2.50	157		
Lloyd Rogers	Vice President, Administration	75.98	1.00	76		
Sam Sandusky	Dean II, Admissions/Records	61.94	1.00	62		
Kim Sayles	General Accounting Supervisor	41.74	115.75	4,831	228	
Brenda Serrano	Career & Job Opportunity Center Supervisor	36.12	0.08	3		
William Silvia	Director, General Services	69.14	0.08	6		
Diana Soane	Vice Chancellor, Education & Technology	87.61	0.58	51		
Nancy Steeves	Secretary, Matriculation & Student Development	26.70	2.00	53		
Deborah Travis	Director, Occupational Education	69.27	3.08	75		
Mary Turner	Dean, Allied Health	64.84	1.08	70		
Linda Wark	Dean I, Instruction	68.33	1.00	68		
Kirk Wecking	Coordinator, Distance ED	50.27	1.00	50		
Whitney Yamamura	Interim Dean, Behavioral Science	60.63	0.50	30		
SixTen and Associates	Claim preparation & Training	74.00	7/1/00-6/30/01			4,888
(05)	Total		7,651	0	228	4,888

493.00
no P/H/r

Sign-In Sheet for Activities of Mandated Program:
485/75 Mandate Reimbursement Process

District: CMF-EMCN Current Fiscal Year: 00-01
College Committee Meeting ACBO
 Activity: Oct 18, 2000 Location: 9:30 - 12:00
 Date: _____ Time: 2.5 hrs

NAME	POSITION/TITLE	LOCATION	PREP TIME
BOB TEMPLE	BUSINESS MANAGER	SAN BERNARDINO COMMUNITY COLLEGE DISTRICT	1 HR.
Tom Donner	Exec. V.P.	SANTA MONICA College	2 hrs
LAURIE DAVAR	Wec VC-	Los Rios CC	1/2 hr
Jon Sharpe	V.C. Bus.	State Center	1 hr.
Ed Eng	Div of Finance	✓	1/2 hr
Cheryl Miller	Assoc VP Bus Ser	SANTA MONICA Coll	2 hrs.
John Hendrickson	V.C.	Contra Costa CC	1.5 hrs
Bonnie R James	Vice Chancellor	Los Angeles CCD	1.5 hrs
ROBERT WICKS	DIRECTOR OF BUSINESS SVCS.	SIGMA	1. HR.

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of the time spent on mandates in order for the district to receive reimbursement. Your signature on this form certifies your participation in the activity and that you have reported actual time and cost or provided a good faith estimate. This information is used for cost accounting purposes only.

Employee Signature _____ Date _____

If you have any questions, please contact _____

PLEASE SUBMIT THIS INFORMATION BY _____

[Handwritten Signature]
 Date: 10/18/00

SixTen and Associates

Schedule of EMCN-CCS Meetings/Attendance Fiscal Year 2000-2001

EMCN Member	Meeting Date	Meeting Location	A Meeting Duration	B Preparation Time	C Round trip Est. Travel Time	D A, B & C Totals	E Travel Expenses
Tom Donner	18-Oct-00	Pala Mesa Resort	2.5				
Santa Monica	12-Mar-01	San Diego Hilton Hotel	5				
	5/21/01	South Lake Tahoe	2	1.75			
Cheryl Miller	18-Oct-00	Pala Mesa Resort	2.5				
Santa Monica	12-Mar-01	San Diego Hilton Hotel	5				
	5/21/01	South Lake Tahoe	2	2			
John Hendrickson	18-Oct-00	Pala Mesa Resort	2.5				
Contra Costa	5/21/01	South Lake Tahoe	2	2.25			
Jon Sharpe	18-Oct-00	Pala Mesa Resort	2.5				
State Center	12-Mar-01	San Diego Hilton Hotel	5				
	5/21/01	South Lake Tahoe	2	2			
Kim Sayles	12-Mar-01	San Diego Hilton Hotel	5				
Louise Davatz	18-Oct-00	Pala Mesa Resort	2.5				
Los Rios	5/21/01	South Lake Tahoe	2				
Robert Wickstrom	18-Oct-00	Pala Mesa Resort	2.5				
Sierra Joint	12-Mar-01	San Diego Hilton Hotel	5				
Bob Temple	18-Oct-00	Pala Mesa Resort	2.5				
San Bernardino	12-Mar-01	San Diego Hilton Hotel	5				
	5/21/01	South Lake Tahoe	2	2			

Please complete columns B, C, D, E.

Signature _____

K. Ray

Date _____

Data	Function		Grand Total
	Claim Prep	Training	
Sum of Beachler, J	0.08		0.08
Sum of Borg, M	6.08		6.08
Sum of Boyte, K	0.08	1.00	1.08
Sum of Bray, C	1.24	1.50	2.74
Sum of Brown, C	0.25		0.25
Sum of Bruckman, S	1.00	1.00	2.00
Sum of Campbell, M	0.08		0.08
Sum of Chock-Hunt, S	0.34	1.00	1.34
Sum of Cobian, R		1.00	1.00
Sum of Cypret, P		1.00	1.00
Sum of Davatz, L	1.08	2.50	3.58
Sum of Dun, L		1.00	1.00
Sum of Freeman, J	0.08		0.08
Sum of Gessford, V	0.58		0.58
Sum of Hansson, C	1.50		1.50
Sum of Harris, B	0.08		0.08
Sum of Henderson, J	0.08		0.08
Sum of Hsieh, P	0.50		0.50
Sum of Iwata, C		1.00	1.00
Sum of Jolly, J	0.08		0.08
Sum of Jones, M		1.00	1.00
Sum of Jorgeson, G		1.00	1.00
Sum of LaVine, K		1.00	1.00
Sum of Lorimer, S	0.67		0.67
Sum of McCormac	0.08		0.08
Sum of Millhone, G	3.00		3.00
Sum of Moore, N		1.00	1.00
Sum of Olson, J	0.50		0.50
Sum of Pannier, L	0.66		0.66
Sum of Perez, A	0.08		0.08
Sum of Purmont, M	0.08		0.08
Sum of Roach, B	2.50		2.50
Sum of Rogers, L		1.00	1.00
Sum of Sandusky, S		1.00	1.00
Sum of Sayles, K	104.75	1.00	115.75
Sum of Serrano, B	0.08		0.08
Sum of Silvia, B	0.08		0.08
Sum of Sloane, D	0.58		0.58
Sum of Steeves, N	2.00		2.00
Sum of Travis, D	0.08	1.00	1.08
Sum of Turner, M	0.08	1.00	1.08
Sum of Ward, L		1.00	1.00
Sum of Wiecking, K		1.00	1.00
Sum of Yamamura, W	0.50		0.50
Sum of Total	128.85	32.00	160.85

LOS RIOS COMMUNITY COLLEGE DISTRICT

Sign-In Sheet for Activities of Mandated Program

Meeting Purpose: Collective Bargaining Mandated Cost Training Workshop

Location: SCC

Date: August 21, 2000

Scheduled Meeting Time: 1:00pm - 3:00pm

	Name	Position/Title	Time In:	Time Out:
1	Mike Jones	Employee Benefit Supv	12:55	
2	Chris Swartz	Dean II, HFA	12:55	
3	Steve Bruckman	Gen Counsel	12:55	
4	SUEE STONE HUNT	VP INSTRUCT	12:56	
5	SAM SANDUSKY	DEAN SS	12:56	
6	Frankie Blum	SCC Dean	1:00	
7	Mary Turner	Dean, Allied Health	1:00	
8	Deborah Travis	Dean, Instruction	1:00	
9	Phil CYPRET	DEAN TECH	1:00	
10	Bari Boyte	Dean BSS	1:00	
11	Gary ^{GARY} _{TRAYN}	Dean PE/ATHL	1:00	
12	VP Adm	VP Adm	1:00	
13	Karl ^{WIKER} _{WIKER}	DEAN LEARNING	12:55	
14	Aaron Davine	APR		
15	Larry Dun	Dean Stu Serv.		
16	Nelle Moore	Dean Planning & Res	1:00 pm	
17	CPSS Supervisor	CPSS Supervisor	1:00	
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

AUG 16 2000

Sacramento City College
MANAGERS COUNCIL
August 21, 2000 ■ 1:00 - 3:00 PM ■ RN 258

SPECIAL WORKSHOP

Mandated Cost

Facilitated by
Lloyd Rodgers, Vice President, Administrative Services

Presented by
Carrie Bray, Director, Accounting Services

NEXT MEETING OF MANAGERS COUNCIL: September 18, 2000

=====

LEGEND

Through the Shared Governance Task Force recommendations, the Managers Council was formed:

- To review and discuss District and College issues and proposals*
- To create an opportunity for management to develop positions on issues*
- To allow management to make recommendations to the President*

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

2000-01

Los Rios Community College District

Fiscal Year: ~~1999-2000~~

Carmie Bray

Director Acctg Svcs

Employee Name

Exact Position Title

BUS SVCS - D.O.

916-568-3058

12mo/11mo/10mo/hrly
Work year length

Department/Location

Telephone #

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:	Hrs./Min.	Materials Costs & Expenses:
<u>8/21/00</u>	1 2 <u>3</u> 4 5 6	<u>Training - CB = Grievance</u>		<u>1 1/2 hr</u>	
<u>10/19/00</u>	1 2 3 4 5 6				
<u>11/5/00</u>	<u>1</u> 2 3 4 5 6		<u>2000-01</u>	<u>1 hr.</u>	
	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				
	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				

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.

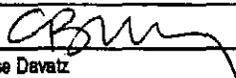
EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate. This information is used for cost accounting purposes only.

Employee Signature Carmie Bray Date 11/28/01

If you have any questions, please contact Kim Sayles, at x3033

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO Kim Sayles

MANDATED COSTS ACCOUNTING SLIP

Date	11/5/00		
Time Spent (nearest qtr. hr.)	1 hr		
Parties Present	CBram		
Union Code*			
Activity Code**	MRP		
Grievance (Name & Case #)	2000-01 Clamm		
Completed by:	 Louise Davatz		
UNION CODES*			
<u>Codes</u>	<u>Description</u>	<u>Codes</u>	<u>Description</u>
B	SEIU - Blue Collar	F	LRCFT - Faculty
C	LRCEA - Classified	S	LRSA - Supervisors
ACTIVITY CODES**			
<u>Codes</u>	<u>Description</u>	<u>Codes</u>	<u>Description</u>
AA	Arbitration Appeals	ND	Initial Contract Distrib.
AG	Grievances	NF	Final Contract Distrib.
AI	Contract Interpretation	NH	Public Hearings
AP	PERB Grievance Hearings	NN	Negotiating
AT	Contract Training Session	NP	District's Proposal
BU	Determining Bargaining Unit	NR	Union's Proposal
ER	Electing Exclusive Rep.	UA	Unfair Labor Appeals
IF	Fact Finding	UD	Unfair Labor Disputes
IM	Mediation		

Emp. Time Record Sheet for Mandate Costs of
486/75 Mandate Reimbursement Process
Annual Reimbursement Claims

Los Rios Community College District

Fiscal Year: 2000-2001

Virginia Millhone
 Employee Name

Confidential Administrative Assistant
 Exact Position Title

Business Services
 Department/Location

568-3058
 Telephone #

12month
 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 in-service 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	Hrs./Min.	Materials Costs & Expenses
5-24-01	1 2 3 4 5 6	Prepare Claim	Open Mtg.Act	2 hrs.	
	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				
	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				
	1 2 3 4 5 6				
	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. This information is used for cost accounting purposes only.

Employee Signature Virginia G. Millhone Date 4-17-02

If you have any questions, please contact Ray Andres, at x3033

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

Los Rios Community College District

Fiscal Year: 2000-2001

Kim Sayles
 Employee Name

General Accounting Supervisor
 Exact Position Title

Business Services
 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	Hrs./Min.	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				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
	1 2 3 4 5 6				
9/18/00	(1) 2 3 4 5 6	Accumulate Time sheet CB		6 hrs	

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. This information is used for cost accounting purposes only.

Employee Signature Kim Sayles Date _____

If you have any questions, please contact Kim Sayles, at x3033

PLEASE SUBMIT THIS INFORMATION BY _____ ; TO Kim Sayles

Emp. Time Record Sheet for Mandate Costs of
486/75 Mandate Reimbursement Process
 Annual Reimbursement Claims

SAY

NOTE: Only one code entry per line.

Date	Activity Code (circle one)	Describe Activity	Claim worked on	Hrs./Min.	Materials Costs & Expenses
10/17/00	① 2 3 4 5 6	Gather info	DADA	30 min	
	① 2 3 4 5 6	Remittance advises + info for sixteen	MRP	1 hr	
	① 2 3 4 5 6	Memo to LP, TM, LD	IR	.5	
	① 2 3 4 5 6	Gather GL Detail/311	HFE	2.0	
10/18/00	① 2 3 4 5 6	Gather ^{staff} time	CB	7.0	9-4
10/19/00	① 2 3 4 5 6	✓ ✓	✓	6.25	1:30-5:15 10:30-1:00
10/20/00	③ 2 3 4 5 6	✓ ✓	✓	5.0	
10/25/00	① 2 3 4 5 6	Request pay info Collect staff time	CB	3.0	
10/24/00	① 2 3 4 5 6	Fu w/ Jimmy; L Parvies Org. info; Prod #r list	CB	1.5 + 2.0	
10/27/00	② 2 3 4 5 6		HFE		
11/1/00	① 2 3 4 5 6	Gather info for PDR	CB	2.0	
11/2/00	① 2 3 4 5 6		IR	.5	
11/2/00	① 2 3 4 5 6		HFE	3.0	
11/3/00	① 2 3 4 5 6	Prepare forms to dist	HFE	3.5	
11/3/00	① 2 3 4 5 6	Send info to KP	RU	.5	
11/3/00	① 2 3 4 5 6	email Susu discuss forms w/ Bdu	DMF	.5	
11/3/00	① 2 3 4 5 6	Review request over POBAR		1	
	① 2 3 4 5 6	Discuss w/ Steve Prudeman		.25	
	① 2 3 4 5 6	Distribute forms to campuses	CB	.5	
11/6/00	① 2 3 4 5 6	Prod. Hourly Rate	RU	1.0	
11/7/00	③ 2 3 4 5 6	Update Time Info	DMF	2.0	
11/15/00	① 2 3 4 5 6	BOAG, Enroll Kiatun SL info	HFE	2.0	
12/5/00	① 2 3 4 5 6	Compile CB info 99-00	CE	5.0	11:30-
12/2	① 2 3 4 5 6	✓	CB	6.0	
12/2	① 2 3 4 5 6	✓	CMA/CP	5.0	8:40

QUERY3

PO	Vendor Name	Voucher ID	Invoice #	GL Journal ID	Journal Date	Date Posted	Busn Unit	Acct	Fund	DeptID	Program	Sub-Class	Bdgt Pd	Proj/Grt	Expended Amt	Warrant #
0	0	0	0	0000185672	2000-08-01	2000-08-01	GENFD	5200	11	DS.VF.MNDT	67200	00000	2001	041H	0.00	0
0001000849	AMERICAN EXPRESS		0	PO00203709	2000-08-03	2000-08-08	GENFD	5200	11	DS.VF.MNDT	67200	00000	2000	041H	0.00	0
0001004067	AMERICAN EXPRESS		0	PO00203708	2000-08-03	2000-08-03	GENFD	5200	11	DS.VF.MNDT	67200	00000	2001	041H	0.00	0
0	0	0	0	PO2000RV04	2000-08-08	2000-08-08	GENFD	5200	11	DS.VF.MNDT	67200	00000	2000	041H	0.00	0
0001004067	AMERICAN EXPRESS	00037527	3782-99531811000	AP01258087	2001-03-06	2001-03-06	GENFD	5200	11	DS.VF.MNDT	67200	00000	2001	041H	153.50	0094034724
0001004067	AMERICAN EXPRESS	00037527	0	PO01258097	2001-03-06	2001-03-06	GENFD	5200	11	DS.VF.MNDT	67200	00000	2001	041H	0.00	0
0001004067	AMERICAN EXPRESS		0	PO01494690	2001-05-02	2001-05-02	GENFD	5200	11	DS.VF.MNDT	67200	00000	2001	041H	0.00	0
0	0	0	0	YE20010015	2001-06-30	2001-07-10	GENFD	5200	11	DS.VF.MNDT	67200	00000	2001	041H	0.00	0
															153.50	

Vendor Name	Voucher ID	Invoice #	GL Journal ID	Journal Date	Date Posted	Busn Unit	Acct	Fund	DeptID	Program	Sub-Class	Bdgt Pd	Proj/Grt	Expended Amt	Warrant #
SAYLES KIM	00038689	T152057	AP01359284	2001-03-21	2001-03-21	GENFD	5200	11	DO.VF.OFFC	67200	00000	2001	041H	52.00	0094036214
COMMUNITY COLLEGE INTERNAL AUDITORS	00039062	SAYLES, KIM	AP01368280	2001-03-21	2001-03-22	GENFD	5200	11	DO.VF.OFFC	67200	00000	2001	041H	55.00	0094036070
GILBERT ACCOUNTANCY CORP.	00039274	SAYLES, KIM	AP01377276	2001-03-22	2001-03-22	GENFD	5200	11	DO.VF.OFFC	67200	00000	2001	041H	290.00	0094036117
AMERICAN EXPRESS	00041734	829953181100	AP01491122	2001-04-19	2001-04-19	GENFD	5200	11	DO.VF.OFFC	67200	00000	2001	041H	10.00	0094038042
SAYLES KIM	00044649	T152226	AP01498875	2001-05-16	2001-05-16	GENFD	5200	11	DO.VF.OFFC	67200	00000	2001	041H	16.50	0094039998
SAYLES KIM	00044565	T152467	AP01498875	2001-05-16	2001-05-16	GENFD	5200	11	DO.VF.OFFC	67200	00000	2001	041H	11.75	0094039998
														435.25	

K. Sayles

*Mandated Cost
Travel Expenses*

LOS RIOS COMMUNITY COLLEGE DISTRICT
TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM
 (Note: Read instructions on back of set before completing)

ARC EDC D.O.
 CRC FLC EWC
 SCC F.M.

38689
 T-152057

Employee Name Kim Sayles

Conference Sponsor _____ Name of Organization _____

Conference/Activity Education Mandated Cost Network

Destination San Diego, CA Hilton Harbor Island

Budget No. 1: GENFD / 5200 / 11 / DO.VF.OFFC / 67200 / 00000 / 2001 / 041H

Pgm Code SubClass BY Proj/Grant

Budget No. 2: _____ / _____ / _____ / _____

Pgm Code SubClass BY Proj/Grant

PART I - Request to Attend

PART III - Request for Reimbursement

Inclusive dates of travel: From 3/12/01 / 6:00am to 3/12/01 / 7:00pm

To be completed no later than 3 days after return from authorized travel.
 * Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

Estimated Expenses: *Indicates Receipt Required for Reimbursement

From 3/12/01 / 4:30AM to 3/14/01 / 6:30pm

A. Transportation (Estimate) \$ 163.50

A. Transportation \$ 32.00

Air Dist. Vehicle Priv. Vehicle _____ miles _____ g/mile

Airfare Bus Other

Travel Agency (Air fare) Miyamoto Travel Agency

Prepaid to travel agency by district \$ 163.50

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

Private Vehicle _____ miles _____ g/mile

B. Lodging \$ _____
 Name of Hotel/Motel _____
 days @ \$ _____ day

B. Lodging \$ _____
 (Single occupancy rate only/exclude phone calls & other costs)

C. Registration/Conference Fee (check one) \$ _____
 incl. certain meal(s) excl. meal(s)

C. Registration Fee (check one) \$ _____
 (Enter full cost even if prepaid)
 Prepaid by D.O./College No Prepayment
 (No receipt required if prepaid)

D. Meals \$ _____
 Breakfast \$ _____ x # of days _____
 Lunch \$ _____ x # of days _____
 Dinner \$ _____ x # of days _____

D. Meals: (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total
3/12/01	6.00			6.00

E. Other (describe) \$ _____

Total Meals \$ 6.00

F. Incidental Expenses \$ _____

E. Other Expenses \$ 14.00
Parking/cab
 (Admin. approval required for vehicle rental) \$ 46.00

Total Estimated Expenses \$ 163.50
 Maximum Allowance \$ _____

F. Incidental Expenses - not to exceed \$6/day
 (Bridge tolls, etc., and other miscellaneous business expenses) \$ _____

G. Total Expenses (A - F) \$ 215.50

Travel charged to Categorical Programs, Grants or Special Projects:
 This travel is in compliance with the requirements of:

Program Name	Program Director/Coordinator Signature
For grants/special projects:	Project/Grant Number
Program Goal/Objective Number/Explanation	

Total Expenses (lesser of Max. Allowance or Total Expenses) \$ 215.50

Less Amount(s) Prepaid \$ 163.50

Subtotal \$ 52.00

Less Cash Advance (Part II) \$ 0

Total Requested for Reimbursement \$ 52.00

Approval: [Signature] Date 3/13/01

Approval: [Signature] Date 3/13/01

Approval: [Signature] Date 3/13/01

PART II - Request for Cash Advance/Prepaid Expense

Certification/Approval: I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Approved: [Signature] Date 3/14/01

Approved: _____ Date _____

A. Employee Cash Advance GENFD/9181 \$ _____
 BusUnit Acct Fund

B. Registration (Payee) \$ _____
 Due Date _____

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

Approval: _____
 Vice President, Administration

PART IV

Enter allocation of Subtotal (PART III.G.) above

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

D.O. Use: _____ Vendor ID _____ GENFD/9181/ _____ \$ _____
 BusUnit Acct Fund Amount

ISSUED BY AND VALID ONLY ON
SOUTHWEST AIRLINES

TICKETLESS UPGRADE RECEIPT AGENT 4455J
NOT VALID FOR TRANSPORTATION DATE 12MAR01

CUSTOMER NAME
MILES/KIM

RECORD LOCATOR
7NM7FU01-01

FLIGHT DETAILS

FROM	TO	FLIGHT	DATE	FARE BASIS
SAN DIEGO CA	SACRAMENTO CA	WN0733	12MAR01	YL

CREDIT CARD DETAILS

CARD NUMBER	EXP	AUTH	E
BA 4190080844503932	11/03	002003	

AMOUNT OF UPGRADE 032.00



(619) **234-1111**

DATE: 3/12/01 FARES 7.00
 FROM: San Diego Airport
 TO: Hilton
 CAB# _____ DRIVER _____

TAXI RECEIPT-THANK YOU

APCOA, INC.
SAC. INT'L
AIRPORT

PAID
 35#
 34-280No.
 01-03-10T
 @12-17:42EX
 01-03-10T
 @12-05:24EN
 A...7.00\$
 ...7.00\$

Los Rios
Comm. College

**SOUTHWEST AIRLINES®
TICKETLESS TRAVELSM**

NON TRANSFERABLE. POSITIVE IDENTIFICATION REQUIRED.

Receipt and Itinerary as of 02/12/01 11:01AM

Confirmation Number: 7NM7FU ARC no: 05769621 Received: JUDY
Confirmation Date: 02/12/01

Passenger(s):
SAYLES/KIM 526-2746130881-1

Itinerary:	Flt#	Date	Depart	Arrive
SACRAMENTO CA/SAN DIEGO CA	1782 Q	12MAR01	06:25AM	07:45AM
SAN DIEGO CA/SACRAMENTO CA	74 Q	12MAR01	05:15PM	06:45PM

Cost:	Total for 1 Passenger(s)	AIR:	132.10
		TAX:	15.40
		PFC:	6.00
		Total Fare:	\$153.50

Payment Summary:

Current payment(s):		
12FEB2001 AMER EXPRESS xxxxxxxxxxxx1000 Ref 526-2746130881-1		153.50
	Total Payments:	\$153.50

Fare Rule(s):
VALID ONLY ON SOUTHWEST AIRLINES
NON REFUNDABLE / STANDBY REQ UPGRADE TO FULL Y FARE

TRANS. FEE 10.00
163.50

All travel involving funds from this Confirm no. must be completed by 02/12/02

Fare Calculation:
ADT- 1 SMFWNSAN Q14NR 71.00 SANWNSMF Q14NR 71.00 \$142.00 ZP5.50 XFSMF3
SAN3 \$153.50

BOARDING PASS DISTRIBUTION AT GATE.

CONDITIONS OF CONTRACT

Southwest Airlines Co. - Notice of Incorporated Terms - This notice is part of the Conditions of Contract. Air Transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are herein incorporated by reference. Incorporated terms include, but are not restricted to: (1) Limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation coverage. Baggage liability is limited to \$2,500 per customer unless you purchase excess valuation liability coverage. Exception: Carrier will not be responsible for money, jewelry, cameras, video and electronic equipment including computers, silverware, negotiable papers, securities, business documents, samples, items intended for sale, paintings, antiques, artifacts, manuscripts, furs, irreplaceable books or publications, and similar valuables contained in checked or unchecked baggage. (2) Claims restrictions, including time periods in which Customers must file a claim or sue Southwest. (3) Our rights to change the terms of the Contract. (4) Rules on reservations, check in times, refusal to carry, and smoking. (5) Our rights and limits of liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft, and rerouting. (6) Airline flights may be overbooked. If we deny you boarding due to an oversale and you have checked in at the gate at least 10 minutes before scheduled departure, with few exceptions, we compensate you. (7) Southwest reserves the right to refuse carriage to any person who is not able to produce positive identification. You may inspect the Contract of Carriage at any Southwest ticket counter or obtain a copy by sending a request to: Southwest Airlines Co., Director of Customer Relations, PO Box 36647, Love Field, Dallas, Texas 75235-1647.

TEN-MINUTE RULE - Claim their reservations at the departure gate desk at least ten minutes prior to scheduled departure time will have their reserved space cancelled and will not be eligible for denied boarding compensation.

REFUNDS AND EXCHANGES - Any change to this itinerary may result in a fare increase. Unless otherwise noted, if you do not travel on this itinerary, you may qualify for a refund or exchange. To apply for a refund, please call 1-800-LFLY-SWA. Written requests should include a copy of this document and be addressed to: Southwest Airlines Refunds Department 6RF, PO Box 36649, Dallas, TX 75235-1649

LOS RIOS COMMUNITY COLLEGE DISTRICT
TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM
 (Note: Read instructions on back of set before completing)

- ARC EDC D.O.
 CRC FLC EWC
 SCC F.M.

T-152467

Employee Name Kim Saules Conference Sponsor _____ Name of Organization _____

Conference/Activity EMCN Translation Review Destination _____

Budget No. 1: GENFD, 5200 II, DO, VF, OFFC, 67200, 00000, 2001, 041H
 BusUnit Acct Fund Org Pgm Code SubClass BY Proj/Grant

Budget No. 2: _____
 BusUnit Acct Fund Org Pgm Code SubClass BY Proj/Grant

PART I - Request to Attend

Inclusive dates of travel: From _____ to _____
 Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate) \$ _____
 Air* Dist. Vehicle Priv. Vehicle _____ x _____
 miles g/mile
 Travel Agency (Air fare) _____

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

B. Lodging* \$ _____
 Name of Hotel/Motel _____
 days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ _____
 incl. certain meal(s) excl. meal(s)

D. Meals \$ _____
 Breakfast \$ _____ x _____ Lunch \$ _____ x _____ Dinner \$ _____ x _____
 # of days # of days # of days

E. Other (describe)* \$ _____

F. Incidental Expenses \$ _____

Total Estimated Expenses \$ _____
 Maximum Allowance \$ _____

Travel charged to Categorical Programs, Grants or Special Projects:
 This travel is in compliance with the requirements of:
 Program Name: _____ Program Director/Coordinator Signature _____
 For grants/special projects: _____ Project/Grant Number _____
 Program Goal/Objective Number/Explanation: _____

Approval _____ Date _____
 Area Dean/Supervisor
 Approval _____ Date _____
 Vice President, Administration
 Approval _____ Date _____
 President/Designee or Chancellor

PART III - Request for Reimbursement

To be completed no later than 3 days after return from authorized travel.
 * Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From 3/28/01 To _____
 Date Time Date Time

A. Transportation \$ _____
 Air fare* Bus* Other*
 Prepaid to travel agency by district
 Private Vehicle _____ x _____
 miles g/mile

B. Lodging* \$ _____
 (Single occupancy rate only/exclude phone calls & other costs)

C. Registration Fee (check one) \$ _____
 (Enter full cost even if prepaid)
 Prepaid by DO/College No Prepayment
 (No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total

E. Other Expenses* Total Meals \$ _____
Parking \$ 11.75
 (Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$6/day \$ _____
 (Bridge tolls, etc., and other miscellaneous business expenses)

G. Total Expenses (A - F) \$ 11.75

Total Expenses (lessor of Max. Allowance or Total Expenses) \$ 11.75
 Less Amount(s) Prepaid < >
 Subtotal < >
 Less Cash Advance (Part II) < >
 Total Requested for Reimbursement \$ 11.75

Certification/Approval
 I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Approved Kim Saules Date 5/8/01
 Area Dean/Supervisor
 Approved _____ Date 5/9/01
 Vice President, Administration

PART IV

Enter allocation of Subtotal (PART III.G.) above
 Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount

D.O. Use: _____ Vendor ID GENFD/9161/ \$ _____
 BusUnit Acct Fund Amount

Budget No. 1: \$ _____ Amount Budget No. 2: \$ _____ Amount
 Approval _____
 Vice President, Administration

LOS RIOS COMMUNITY COLLEGE DISTRICT

**Calculation of Productive Hourly Rate
2000-2001 Mandated Cost Claims**

Last Name	First Name	Title	Salary	Benefit Rate	Flat Benefit Costs	Total Benefits	Salary & Benefits	Productive Hours	Productive Hourly Rate
Baker	Greg	Professor, Business	97,388	2.970%	11,593	14,485	111,873	1,800	62.15
Balsamo	Brenda	Personnel Specialist	48,486	18.385%	8	8,922	57,408	1,800	31.89
Beachler	Judith	Director, Institutional Research	101,635	11.220%	6,853	18,256	119,891	1,800	66.61
Borg	Myra	Dean, Matriculation & Student Development	102,766	2.970%	11,838	14,890	117,656	1,800	65.36
Bowles	Steven	Director, Systems Administration	107,218	2.970%	11,838	15,022	122,240	1,800	67.91
Bray	Carrie	Director, Accounting Services	96,144	2.970%	11,838	14,693	110,837	1,800	61.58
Brown	Christopher	Vice President, Administrative Services	112,396	2.970%	11,838	15,176	127,572	1,800	70.87
Bruckman	Steven	General Counsel	130,538	11.220%	6,853	21,499	152,037	1,800	84.47
Chock-Hunt	Susan	Vice President, Instruction	121,566	2.970%	11,838	15,449	137,015	1,800	76.12
Clinchy	David	Director, Facilities Management	105,403	2.970%	11,593	14,723	120,126	1,800	66.74
Cuny	Theresa	Personnel Assistant	51,336	18.385%	8	9,446	60,782	1,800	33.77
Cypret	Phil	Dean of Technology Division	82,564	2.970%	11,838	14,290	96,854	1,800	53.81
Dahms	Paul	Director, Facilities Management	99,973	2.970%	11,838	14,807	114,780	1,800	63.77
Davatz	Louise	Executive Vice Chancellor	147,866	11.220%	6,853	23,444	171,310	1,800	95.17
Dressler	Dennis	IT Analyst	53,073	18.385%	8	9,766	62,839	1,800	34.91
Dun	Larry	Dean, Student Services	113,985	11.220%	6,853	19,642	133,627	1,800	74.24
Ellerman	C. Howell	Vice Chancellor, Human & Resource Developm	144,159	2.970%	11,838	16,120	160,279	1,800	89.04
Farrelly	Elana	CalWORKS Manager	68,033	18.385%	8	12,516	80,549	1,800	44.75
Forbes-Boyte	Kari	Dean, BSS	99,705	21.885%	8	21,828	121,533	1,800	67.52
Gessford	Virginia	Coordinator, Learning Center	95,509	2.970%	11,593	14,430	109,939	1,800	61.08
Graham	Priscilla	Personnel Specialist	66,754	18.385%	8	12,281	79,035	1,800	43.91
Hansson	Claudia	Vice President, Student Services & Student De	114,609	11.220%	6,853	19,712	134,321	1,800	74.62
Harris	Robert	President, Sacramento City College	149,130	11.220%	6,853	23,585	172,715	1,800	95.95
Harris	Brice	Chancellor	187,126	2.970%	11,593	17,151	204,277	1,800	113.49
Hixon	Timothy	IT Analyst	69,610	18.385%	8	12,806	82,416	1,800	45.79
Immethun	Patricia	Personnel Services Officer	51,131	24.885%	8	12,732	63,863	1,800	35.48
Jones	Mary	User Project Manager	121,566	11.220%	6,853	20,493	142,059	1,800	78.92
Jones	Mike	Employee Benefits Supervisor	72,415	24.885%	8	18,028	90,443	1,800	50.25
Karns	William	Vice President, Instruction/Student Learning	116,891	11.220%	6,853	19,968	136,859	1,800	76.03
Keene	Hortencia	Personnel Services Officer	84,640	2.970%	11,593	14,107	98,747	1,800	54.86
Kirklin	Kathleen	Dean, Administrative Services & Institutional Ef	103,243	11.220%	6,853	18,437	121,680	1,800	67.60
Lewis	Merrilee	President, Cosumnes River College	147,892	11.220%	6,853	23,446	171,338	1,800	95.19
Lorimer	Sue	Dean, Planning Research & Development	107,461	11.220%	6,853	18,910	126,371	1,800	70.21
McGloughlin	Stephen	Dean, Learning Resource & College Technolog	54,792	18.385%	8	10,082	64,874	1,800	36.04
Millhone	Virginia	Admin Assistant	50,726	18.385%	8	9,334	60,060	1,800	33.37
Mota	Sylvia	Personnel Specialist	75,920	24.885%	8	18,901	94,821	1,800	52.68
Mraule	Jimmy (Emma)	Director, Human Resources	121,074	2.970%	11,593	15,189	136,263	1,800	75.70
Pannier	Larry	Confidential System Analyst	80,948	2.970%	11,838	14,242	95,190	1,800	52.88
Parker	Pamela	Director, Personnel Services	88,636	2.970%	11,593	14,225	102,861	1,800	57.15
Purmort	Martin	Payroll Supervisor	67,184	24.885%	8	16,727	83,911	1,800	46.62
Roach	Brian	Director, IT Technical Services	98,814	2.970%	11,593	14,528	113,342	1,800	62.97
Robinson	Stacy	Payroll Specialist	47,850	17.385%	8	8,327	56,177	1,800	31.21
Rodgers	Lloyd	Vice President, Administration	121,566	2.970%	11,593	15,204	136,770	1,800	75.98
Russo	Rene	Payroll Clerk	36,159	18.385%	8	6,656	42,815	1,800	23.79
Sayles	Kim	General Accounting Supervisor	60,154	24.885%	8	14,977	75,131	1,800	41.74
Shiners	Brandy	Payroll Clerk I	32,709	24.885%	8	8,148	40,857	1,800	22.70
Silvia	William	Director, General Services	109,602	2.970%	11,593	14,848	124,450	1,800	69.14
Sloane	Diana	Vice Chancellor, Education & Technology	141,646	2.970%	11,838	16,045	157,691	1,800	87.61
Smedley	Laduan	Dean, Admin Services	91,420	11.220%	6,853	17,110	108,530	1,800	60.29
Smith	Marie	President, American River College	149,130	11.220%	6,853	23,585	172,715	1,800	95.95
Sorrell	B D Pete	Director, Facilities Management	116,908	11.220%	6,853	19,970	136,878	1,800	76.04
Suda	Izumi (Jim)	Associate Vice Chancellor of Information Tchr	104,468	2.970%	11,838	14,941	119,409	1,800	66.34

LOS RIOS COMMUNITY COLLEGE DISTRICT

Calculation of Productive Hourly Rate 2000-2001 Mandated Cost Claims

1/11/02
1/11/02

Last Name	First Name	Title	Salary	Benefit Rate	Flat Benefit Costs	Total Benefits	Salary & Benefits	Productive Hours	Productive Hourly Rate
Travis	Deborah	Director, Occupational Education & Economic I	109,601	2.970%	11,838	15,093	124,694	1,800	69.27
Turner	Mary	Dean, Allied Health	98,783	11.220%	6,853	17,936	116,719	1,800	64.84
Vorwerck	Alan	Director, Systems and Programming	98,814	11.220%	6,853	17,940	116,754	1,800	64.86
Walker	Gwen	Administrative Assistant to the Vice Chancellor,	30,643	17.385%	8	5,335	35,978	1,800	19.99
Wallace	Richard	Dean, Counseling & Student Services	94,983	2.970%	11,593	14,414	109,397	1,800	60.78
Wark	Linda	Dean, Instr/Comm Ed	103,468	11.220%	6,853	18,462	121,930	1,800	67.74
Wathen	Cory	Internal Auditor	79,333	18.385%	8	14,593	93,926	1,800	52.18
Williams	Susie	Director, Communications & Research	123,078	2.970%	11,593	15,248	138,326	1,800	76.85
Yamamura	Whitney	Interim Dean, Behavioral Science	94,730	2.970%	11,593	14,406	109,136	1,800	60.63
Campbell	Melody	Secretary, General Services	41,989	18.385%	8	7,728	49,717	1,800	27.62
Cobian	Ramona	EOP&S Supervisor	56,563	18.385%	8	10,407	66,970	1,800	37.21
Freeman	Jearnie	Executive Assistant to the Chancellor	59,191	24.885%	8	14,738	73,929	1,800	41.07
Henderson	Janice	Secretary, Instruction	44,547	24.885%	8	11,094	55,641	1,800	30.91
Hsieh	Patricia	Vice President, Student Services	102,835	2.970%	11,593	14,647	117,482	1,800	65.27
Iwata	Susan	Vice President, Instruction	117,853	11.220%	6,853	20,076	137,929	1,800	76.63
Jolly	Julia	Dean II, Language & Literature	90,409	2.970%	11,838	14,523	104,932	1,800	58.30
Jorgeson	Gregory	Vice President, Instruction	42,827	24.885%	8	10,665	53,492	1,800	29.72
LaVine	Karen	Records/Admissions Supervisor	58,246	18.385%	8	10,717	68,963	1,800	38.31
McCormac	Richard	Interim Vice President, Instruction	100,819	2.970%	11,593	14,587	115,406	1,800	64.11
Moore	Nelle	Dean I, Plan, Resrch & Effect	99,450	11.220%	6,853	18,011	117,461	1,800	65.26
Olson	Janet	Nurse	76,280	24.885%	8	18,990	95,270	1,800	52.93
Perez	Alma	Confidential Administrative Secretary -HR	35,785	24.885%	8	8,913	44,698	1,800	24.83
Sandusky	Sam	Dean II, Admissions/Records	97,016	2.970%	11,593	14,474	111,490	1,800	61.94
Serrano	Brenda	Administrative Assistant	52,054	24.885%	8	12,962	65,016	1,800	36.12
Steeves	Nancy	Secretary, Matriculation & Student Developmer	38,471	24.885%	8	9,582	48,053	1,800	26.70
Ward	Linda	Dean I, Instruction	108,187	2.970%	11,593	14,806	122,993	1,800	68.33
Wiecking	Kirk	Coordinator, Distance ED	77,073	17.385%	8	13,407	90,480	1,800	50.27
			<u>7,284,145</u>		<u>481,438</u>	<u>1,215,804</u>	<u>8,499,949</u>	<u>145,800</u>	<u>58.30</u>

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On July 25, 2014, I served the:

Claimant Comments; and SCO Comments

Mandate Reimbursement Process, 05-4485-I-03

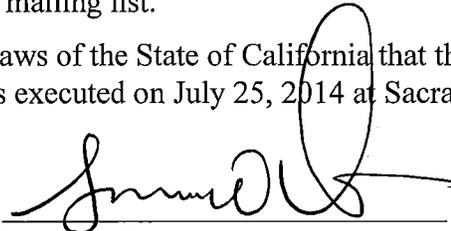
Statutes 1975, Chapter 486; Statutes 1984, Chapter 1459

Fiscal Years 1999-2000 and 2000-2001

Los Rios Community College District, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on July 25, 2014 at Sacramento, California.



Lorenzo Duran

Commission on State Mandates

980 Ninth Street, Suite 300

Sacramento, CA 95814

(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 7/15/14

Claim Number: 05-4485-I-03

Matter: Mandate Reimbursement Process

Claimant: Los Rios Community College District

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

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