OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2004-09

DIFFERENTIAL PAY AND REEMPLOYMENT

AUGUST 4, 2004

REVISED JULY 1, 2012

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Differential Pay and Reemployment (DPR) Program. The Parameters and Guidelines (P's & G's) are included as an integral part of the claiming instructions.

On July 31, 2003, the Commission on State Mandates (CSM) determined that the Education Code sections 44977 and 44978.1 established costs mandated by the State according to the provisions listed in the P's & G's.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

With the exception of community colleges, any school district, as defined in GC section 17519, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

**Reimbursement Claim Deadline**

Claims for the **2011-2012** fiscal year may be filed by **February 15, 2013,** without a late penalty. **Claims filed more than one year after the filing date will not be accepted.**

**Penalty**

- **Initial Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561, subdivision (d)(3).

- **Annual Reimbursement Claim**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; $10,000 maximum penalty, pursuant to GC section 17568.

## Minimum Claim Cost

GC section 17564, subdivision (a), provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars **($1,000),** provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds **$1,000,** even if the individual school district's claim does not each exceed **$1,000**. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement will be allowed except as otherwise allowed by GC section 17564. The county superintendent of schools will determine if the submission of the combined claim is economically feasible and be responsible for disbursing the funds to each school district. These combined claims may be filed only when the county superintendent of schools is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate will only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to the SCO at least 180 days prior to the deadline for filing the claim.

## Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

## Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was

made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

If you have any questions, you may e-mail **LRSDAR@sco.ca.gov** or call the Local Reimbursements Section at (916) 324-5729

# PARAMETERS AND GUIDELINES

Education Code Sections 44977 and 44978.1

Statutes 1998, Chapter 30

*Differential Pay and Reemployment (99-TC-02)*

## I. SUMMARY OF THE MANDATE

On July 31, 2003, the Commission on State Mandates (Commission) adopted the Statement of Decision for *Differential Pay and Reemployment* (99-TC-02). The Commission found that Education Code sections 44977 and 44978.1 constitute a new program or higher level of service and impose a state-mandated program on school districts within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514. Accordingly, the Commission approved this test claim for the following reimbursable activities:

- When calculating differential pay, the sick leave, including accumulated sick leave, and the five-month period of differential pay shall run consecutively. (One-time administrative activity for shifting the calculation of differential pay from running concurrently to consecutively with accumulated sick leave.) (Ed. Code, § 44977.)
- When a certificated employee is not medically able to resume the duties of his or her position following the exhaustion of all sick leave and the five-month differential pay period described in Education Code section 44977 has been exhausted, place the employee, if not placed in another position, on a reemployment list for 24 months for probationary employees, or 39 months for permanent employees. (This activity includes the one-time activity of establishing a reemployment list for this purpose, and ongoing activities of maintaining the list.) (Ed. Code, § 44978.1.)
- When the employee is medically able, return the employee to a position for which he or she is credentialed and qualified. (This activity includes the administrative duties required to process the re-employment paperwork, but not reimbursement of salary and benefits for the employee once they return to work.) (Ed. Code, § 44978.1.)

## II. ELIGIBLE CLAIMANTS

Any "school district," as defined in Government Code section 17519, except for community colleges, which incurs increased costs as a result of this mandate is eligible to claim reimbursement. Charter schools are not eligible claimants.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim must be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on August 23, 1999. Therefore, costs incurred for compliance with Statutes

1998, chapter 30, are potentially eligible for reimbursement on or after July 1, 1998. However, since Statutes 1998, chapter 30, was not operative until January 1, 1999, only costs incurred on or after January 1, 1999 are eligible for reimbursement.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given fiscal year do not exceed $1000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

A. One-Time Activities

1. Change the process for calculating the five-month differential pay period from running concurrently to consecutively with accumulated sick leave. Reimbursement for this activity is solely for the administrative modification of existing policies, procedures, and forms, and modification of computer programs to compute differential pay.
2. Establish a reemployment list for identified certificated employees who are not medically able to resume the duties of his or her position following the exhaustion of all sick leave and the five-month differential pay period.[1] Reimbursement for this activity is solely for

[1] Education Code section 44978.1.

the administrative modification of existing policies, procedures, and forms, and modification of computer programs to establish and track reemployment lists.[2]

B. On-going Activities[3]

1. Maintain a reemployment list for identified certificated employees who are not medically able to resume the duties of his or her position following the exhaustion of all sick leave and the five-month differential pay period. Reimbursement for this activity is limited to minimal staff time for periodically updating the reemployment lists.
2. Process the reemployment paperwork for a "medically able" certificated employee to return to an available position for which he or she is credentialed and qualified. Salary and benefits for the employee upon return to work are not reimbursable.

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

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[2] Education Code section 44977.

[3] Education Code section 44978.1.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[4] 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. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

[4] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

## VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including, but not limited to, service fees collected, federal funds, and other state funds shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

## DECLARATION OF SERVICE BY MAIL

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.

June 1, 2004, I served the:

**Adopted Parameters and Guidelines**
*Differential Pay and Reemployment*, 99-TC-02
Palmdale School District, Claimant
Education Code Sections 44977 and 44978.1
Statutes 1998, Chapter 30

by placing a true copy thereof in an envelope addressed to:

Dr. Carol Berg
Education Mandated Cost Network
1121 L Street, Suite 1060
Sacramento, CA 95814

Mr. Mike Havey
State Controller's Office
Division of Accounting and Reporting
Local Reimbursement Section
3301 C Street, Suite 501
Sacramento, CA 95816

State Agencies and Interested Parties (See attached mailing list);

and by sealing and depositing said envelope in the United States mail at Sacramento, California, with postage thereon fully paid.

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 June 1, 2004, at Sacramento, California.

Victoria Soriano

VICTORIA SORIANO

# DIFFERENTIAL PAY AND REEMPLOYMENT CLAIM FOR PAYMENT

For State Controller Use Only
(19) Program Number 00253
(20) Date Filed
(21) LRS Input

PROGRAM 253

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | Reimbursement Claim Data | |
| (02) Claimant Name | | | (22) FORM 1, (03) | |
| County of Location | | | (23) FORM 1, (04) A. 1. (f) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) A. 2. (f) | |
| City | State | Zip Code | (25) FORM 1, (04) B. 1. (f) | |
| | | **Type of Claim** | (26) FORM 1, (04) B. 2. (f) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (06) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (07) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (09) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (10) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the school district or county office of education to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; claimed costs are for a new program or increased level of services of an existing program; and claimed amounts do not include charter school costs, either directly or through a third party. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

E-mail Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

E-mail Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

E-mail Address _____

| PROGRAM 253 | DIFFERENTIAL PAY AND REEMPLOYMENT CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown in the attached Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (36) Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form 1, (04) A. 1. (f), means the information is located on Form 1, line (04) A. 1, column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the process**.

(37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, date signed, telephone number and e-mail address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and e-mail address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER**
**ATTN: Local Reimbursements Section**
**Division of Accounting and Reporting**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER**
**ATTN: Local Reimbursements Section**
**Division of Accounting and Reporting**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 253 | DIFFERENTIAL PAY AND REEMPLOYMENT CLAIM SUMMARY | FORM 1 |
|---|---|---|

| | |
|---|---|
| (01) Claimant | (02) Fiscal Year 20___ /20 ___ |

**Claim Statistics**

| | |
|---|---|
| (03) Number of employees qualified for differential pay and reemployment | |

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| | (a) Salaries and Benefits | (b) Materials and Supplies | (c) Contract Services | (d) Fixed Assets | (e) Travel | (f) Total |
| (04) Reimbursable Activities | | | | | | |
| **A. One Time Activities** | | | | | | |
| 1. Modification of Process for Calculation of Differential Pay Period | | | | | | |
| 2. Establishing Reemployment List | | | | | | |
| **B. Ongoing Activities** | | | | | | |
| 1. Maintenance of Reemployment List | | | | | | |
| 2. Processing of Reemployment Paperwork | | | | | | |
| (05) Total Direct Costs | | | | | | |

**Indirect Costs**

| | | |
|---|---|---|
| (06) Indirect Cost Rate | [Refer to Claim Summary Instructions] | % |
| (07) Total Indirect Costs | [Line (05)(f) - line (05)(d) - $ ] x line (06) | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |

**Cost Reduction**

| | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount | [Line (08) – {line (09) + line (10)}] |

| PROGRAM 253 | DIFFERENTIAL PAY AND REEMPLOYMENT CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) Enter the number of employees qualified for differential pay and reemployment in the fiscal year of claim.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Enter the indirect cost rate from the California Department of Education approved indirect cost rate for the year that funds are expended.

(07) From the Total Direct Costs, line (05)(f), deduct Total Fixed Assets, line (05)(d), and any other item excluded from indirect cost distribution base in accordance with CSAM Procedure 915. Enter zero if there are no exclusions. Multiply the result by the Indirect Cost Rate, line (06).

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) Subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) for the Reimbursement Claim.

| PROGRAM 253 | DIFFERENTIAL PAY AND REEMPLOYMENT<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year<br>20___ / 20___ |
|---|---|

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

**One-Time Activities**

- ☐ Modification of Process for Calculation of Differential Pay Period
- ☐ Establishing a Reemployment List

**Ongoing Activities**

- ☐ Maintenance of Reemployment List
- ☐ Processing of Reemployment Paperwork

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a)<br>Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b)<br>Hourly Rate or Unit Cost | (c)<br>Hours Worked or Quantity | (d)<br>Salaries and Benefits | (e)<br>Materials and Supplies | (f)<br>Contract Services | (g)<br>Fixed Assets | (h)<br>Travel |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___of___ | | | | | | | |

| PROGRAM 253 | DIFFERENTIAL PAY AND REEMPLOYMENT ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

| Object/ Sub object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | Benefits = Benefit Rate x Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost x Quantity Used | | | | |
| **Contract Services** | Name of Contractor<br>Specific Tasks Performed | Hourly Rate | Hours Worked<br>Inclusive Dates of Service | | | Cost=Hourly Rate x Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost | Usage | | | | Cost= Unit Cost x Usage | | |
| **Travel** | Purpose of Trip<br>Name and Title<br>Departure and Return Date | Per Diem Rate<br>Mileage Rate<br>Travel Cost | Days<br>Miles<br>Travel Mode | | | | | Total Travel Cost = Rate x Days or Miles | |

(05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (03), columns (a) through (e) in the appropriate row.