

# SixTen and Associates

## Mandate Reimbursement Services

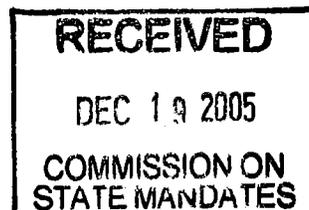
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KEITH B. PETERSEN, MPA, JD, President  
5252 Balboa Avenue, Suite 807  
San Diego, CA 92117

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

December 16, 2005

Paula Higashi, Executive Director  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814



RE: Incorrect Reduction Claim  
Chapter 961, Statutes of 1975  
Collective Bargaining  
Fiscal Year 1995-96

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Gavilan Joint Community College District.

SixTen and Associates has been appointed by the District as its representative for this matter and all interested parties should direct their inquiries to me, with a copy as follows:

Joseph D. Keeler, Vice-President Administrative Services  
Gavilan Joint Community College District  
5055 Santa Teresa Blvd.  
Gilroy, CA 95020-9599

Thank-you.

Sincerely,

A handwritten signature in black ink, appearing to read "KB Petersen".

Keith B. Petersen

State of California  
COMMISSION ON STATE MANDATES  
980 Ninth Street, Suite 300  
Sacramento, CA 95814  
(916) 323-3562  
CSM 2 (12/89)

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DEC 19 2005

COMMISSION ON  
STATE MANDATES

**INCORRECT REDUCTION CLAIM FORM**

Claim No. 05-4425-I-11

Local Agency or School District Submitting Claim

**GAVILAN JOINT COMMUNITY COLLEGE DISTRICT**

Contact Person

Telephone Number

Keith B. Petersen, President  
SixTen and Associates  
5252 Balboa Avenue, Suite 807  
San Diego, CA 92117

Voice: 858-514-8605  
Fax: 858-514-8645  
E-mail: Kbpsixten@aol.com

Address

Joseph D. Keeler, Vice-President Administrative Services  
Gavilan Community College District  
5055 Santa Teresa Blvd.  
Gilroy, CA 95020-9599

Representative Organization to be Notified

Telephone Number

Robert Miyashiro, Consultant, Education Mandated Cost Network  
c/o School Services of California  
1121 L Street, Suite 1060  
Sacramento, CA 95814

Voice: 916-446-7517  
Fax: 916-446-2011  
E-mail: robertm@SSCal.com

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to section 17561 of the Government Code. This incorrect reduction claim is filed pursuant to section 17561(b) of the Government Code.

CLAIM IDENTIFICATION: Specify Statute or Executive Order

**Collective Bargaining**

Chapter 961, Statutes of 1975

Fiscal Year

Amount of the Incorrect Reduction

1995-96

\$124,245

IMPORTANT: PLEASE SEE INSTRUCTIONS AND FILING REQUIREMENTS FOR COMPLETING AN INCORRECT REDUCTION CLAIM ON THE REVERSE SIDE.

Name and Title of Authorized Representative

Telephone No.

Joseph D. Keeler, Vice-President Administrative Services

Voice: 408-848-4715  
Fax: 408-848-4994  
E-Mail: jkeeler@gavilan.cc.ca.us

Signature of Authorized Representative

Date

X JOSEPA D KEELER

December 15, 2005

1 Claim Prepared by:  
2 Keith B. Petersen  
3 SixTen and Associates  
4 5252 Balboa Avenue, Suite 807  
5 San Diego, California 92117  
6 Voice: (858) 514-8605  
7 Fax: (858) 514-8645

8 /

9 /

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF: )

14 ) No. CSM \_\_\_\_\_

15 )  
16 ) Chapter 961, Statutes of 1975

17 GAVILAN JOINT )

18 ) Collective Bargaining

19 Community College District )

20 ) Annual Reimbursement Claims:

21 Claimant. )

22 ) Fiscal Year 1995-96

23 )  
24 \_\_\_\_\_ )  
INCORRECT REDUCTION CLAIM FILING

25 PART I. AUTHORITY FOR THE CLAIM

26 The Commission on State Mandates has the authority pursuant to Government  
27 Code Section 17551(d) to “. . . to hear and decide upon a claim by a local agency or  
28 school district, filed on or after January 1, 1985, that the Controller has incorrectly  
29 reduced payments to the local agency or school district pursuant to paragraph (2) of  
30 subdivision (d) of Section 17561.” Gavilan Joint Community College District (hereafter  
31 “district” or “claimant”) is a school district as defined in Government Code Section  
32 17519. Title 2, CCR, Section 1185 (a), requires the claimant to file an incorrect

Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining

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1 reduction claim with the Commission.

2           This incorrect reduction claim is timely filed. Title 2, CCR, Section 1185 (b),  
3 requires incorrect reduction claims to be filed no later than three years following the  
4 date of the Controller's remittance advice notifying the claimant of a reduction. In a  
5 letter dated July 10, 2002, the Controller notified the District of its "results of review" of  
6 the FY 1995-96 claim, adjusting the claim by the amount of \$124,245 due to "no  
7 supporting documentation." The letter stated \$60,597 was due to the District, which  
8 indicates there were to be subsequent payment actions. The period of limitations to file  
9 the incorrect reduction claim will be measured from the date of the last payment action  
10 made after this notification, which is known to the Controller. Title 2, CCR, Section  
11 1185 (e) (5), requires the claimant to provide a copy of a letter sent to the Controller  
12 disputing the adjustment. In a letter dated August 5, 1998, the District notified the  
13 Controller that the District was appealing the denial of the FY 1995-96 annual  
14 reimbursement claim.

15                                   **PART II. STATEMENT OF THE CLAIM**

16           The documentation available to the claimant indicates that the State Controller  
17 adjudicated the claim for Fiscal Year 1995-96 as follows:

18       1       In a remittance advice dated January 24, 1996, the Controller paid \$275,000 for  
19           the FY 1995-96 estimate submitted as part of the FY 1994-95 annual  
20           reimbursement claim.

21       2.       On or about November 25, 1996, the District submitted its annual reimbursement

**Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining**

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- 1 claim for FY 1995-96 actual costs in the amount of \$348,966.
- 2 3. In a remittance advice dated January 30, 1997, the Controller paid \$15,270 for  
3 FY 1995-96 annual reimbursement claim. This increased the total amount paid  
4 on the claim to \$290,270.
- 5 4. In a letter dated July 30, 1998, the Controller notified the District of its "results of  
6 review" of the FY 1995-96 claim, reducing the claim by the amount of \$184,842  
7 due to "no supporting documentation." This resulted in an approved claim  
8 amount of \$164,124. The letter states \$126,146 was due to the State.
- 9 5. In a letter dated August 5, 1998, the District notified the Controller that the  
10 District was appealing the reduction of the FY 1995-96 annual reimbursement  
11 claim.
- 12 6. In a remittance advice dated August 8, 2001, for the 1996-97 Open Meetings Act  
13 annual reimbursement claim, the Controller offset the \$487 due to the District on  
14 the Open Meetings Act claim as a partial collection of the amount due to the  
15 state for the FY 1995-96 Collective Bargaining annual reimbursement claim.
- 16 7. In a remittance advice dated August 8, 2001, for the 1998-99 Open Meetings Act  
17 annual reimbursement claim, the Controller offset \$35 due to the District on the  
18 Open Meetings Act claim as a partial collection of the amount due to the state for  
19 the FY 1995-96 Collective Bargaining annual reimbursement claim.
- 20 8. In a letter dated July 10, 2002, the Controller notified the District of its "results of  
21 review" of the FY 1995-96 claim, reducing the claim by the amount of \$124,245

Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining

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1 due to "no supporting documetnation." This letter states that there were "prior  
2 collections" in the amount of \$126,146. This resulted in an approved claim  
3 amount of \$224,721. The letter states \$60,597 was now due to the District. The  
4 letter states that "the balance due will be forthcoming when additional funds are  
5 made available." It cannot be ascertained from this letter why the amount  
6 adjusted and amount approved changed, the source of the prior collections or  
7 how the amount due was calculated.

8 Therefore, the Controller has twice adjusted the claim, first in the amount of  
9 \$184,842 (July 30, 1998) and then later in the amount \$124,245 (July 10, 2002). In  
10 both cases, the only explanation provided was "no supporting documentation." The  
11 District has no record of any audit findings or any other explanation of the reason for  
12 the adjustments.

13 PART III. PREVIOUS INCORRECT REDUCTION CLAIMS

14 The District has not filed any previous incorrect reduction claims for this mandate  
15 program annual reimbursement claim. The District is not aware of other incorrect  
16 reduction claims having been adjudicated on the specific issues or subject matter  
17 raised by this incorrect reduction claim.

18 PART IV. BASIS FOR REIMBURSEMENT

19 1. Mandate Legislation

20 Chapter 961, Statutes of 1975 (the "Rodda Act") established Chapter 10.7,  
21 Division 4, of Title 1 of the Government Code (commencing with Section 3540), and

Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining

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1 repealed Article 5, Chapter 1, of Division 10 of the Education Code (the "Winton Act").  
2 The Rodda Act established the Public Employees Relations Board (PERB) and required  
3 public school employers to meet and negotiate with their employees on matters of  
4 wages, hours of employment, and other terms and conditions of employment. The  
5 provisions relating to the creation, certain duties of, and appropriations for the Public  
6 Employment Relations Board were operative on January 1, 1976, The provisions  
7 relating to employees' organizational rights, the representative rights of employee  
8 organizations, the recognition of exclusive representatives, and related procedures  
9 were operative on April 1, 1976.

10 Chapter 1213, Statutes of 1991, added Government Code section 3547.5, which  
11 requires school districts to publicly disclose major provisions of a collective bargaining  
12 agreement after negotiations but before the agreement becomes binding.

13 2. Test Claim

14 The State Board of Control, the predecessor agency with jurisdiction to the  
15 Commission on State Mandates, at its meeting of July 17, 1978 determined the Rodda  
16 Act constituted a reimbursable state mandate in that public school employees had a  
17 new duty to meet and negotiate in good faith for binding contracts with employee group  
18 representatives, duties which were not required by the Winton Act. Subsequent action  
19 of the Board of Control recognized that compliance with the regulations of the Public  
20 Employment Relations Board, to the extent that the regulations implement the  
21 provisions of the Rodda Act and its subsequent amendments, is included within the

Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining

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1 scope of the mandate.

2 On December 29, 1997, the Commission on State Mandates determined that  
3 Chapter 1213, Statutes of 1991, resulted in a new program or higher level of service by  
4 requiring school districts to publicly disclose major provisions of a collective bargaining  
5 agreement after negotiations before the agreement becomes binding.

6 3. Parameters and Guidelines

7 On October 22, 1980, the original parameters and guidelines were adopted.  
8 Beginning on August 19, 1981 and through July 22, 1993, those parameters and  
9 guidelines were amended seven times. On October 20, 1998, the parameters and  
10 guidelines for Collective Bargaining Disclosure were adopted and consolidated with the  
11 Collective Bargaining parameters and guidelines. The consolidated parameters and  
12 guidelines were amended on January 27, 2000 and became effective on January 28,  
13 2000. When the Districts's 1996-97 claim was prepared, the version of the parameters  
14 and guidelines effective on July 22, 1993 were applicable. A copy of those parameters  
15 and guidelines are attached.

16 4. Claiming Instructions

17 The Controller has periodically issued or revised claiming instructions for the  
18 Collective Bargaining claim. The statements of reimbursable components in the  
19 claiming instructions, for the purposes and scope of this incorrect reduction claim, have  
20 been consistent with the parameters and guidelines. A copy of the October 1996  
21 revision of the claiming instructions is attached which was the version extant at the time

1 the claim which is the subject of this Incorrect reduction claim was filed. However,  
2 since the Controller's claim forms and instructions have not been adopted as  
3 regulations, they have no force of law, and, therefore, have no effect on the outcome of  
4 this incorrect reduction claim.

5 PART V. STATEMENT OF THE ISSUES

6 1. The documentation standard was not noticed

7 The District reported its actual reimbursable costs in the manner required by the  
8 parameters and guidelines, and in the form requested by the Controller's claiming  
9 instructions. The Controller has not specified how the claim documentation was  
10 insufficient for purposes of adjudicating the claim. Both adjustment letters of July 30,  
11 1998 and July 10, 2002 merely state that the District's claim had "no supporting  
12 documentation." The Controller's explanation of "no supporting documentation" does  
13 not appear in the applicable state code sections, the parameters and guidelines or the  
14 Controller's claiming instructions. By providing no notice for the basis of its actions, the  
15 Controller is creating a standard of general application without the benefit of law or due  
16 process of rulemaking.

17 2. No audit was conducted

18 The adjustment made by the State Controller to the annual reimbursement claim  
19 is procedurally incorrect in that the Controller did not audit the records of the district as  
20 required by Government Code Section 17561(d)(2) to verify the actual amount of the  
21 mandated costs prior to making a determination that amounts adjusted are excessive or

1 unreasonable.

2 3. The reason for adjustment was contrary to statute

3 None of the adjustments were made because the costs claimed were excessive  
4 or unreasonable. The Controller does not assert that the claimed costs were excessive  
5 or unreasonable, which is the only mandated cost audit standard in statute  
6 (Government Code Section 17561(d)(2)). It would therefore appear that the entire  
7 findings are based upon the wrong standard for review. If the Controller wishes to  
8 enforce other audit standards for mandated cost reimbursement, the Controller should  
9 comply with the Administrative Procedure Act.

10 PART VI. RELIEF REQUESTED

11 The District filed its annual reimbursement claims within the time limits  
12 prescribed by the Government Code. The amounts claimed by the District for  
13 reimbursement of the costs of implementing the program imposed by Chapter 961,  
14 Statutes of 1975 (the "Rodda Act"), and Chapter 10.7, Division 4, of Title 1 of the  
15 Government Code (commencing with Section 3540), represent the actual costs incurred  
16 by the District to carry out this program. These costs were properly claimed pursuant to  
17 the Commission's parameters and guidelines. Reimbursement of these costs is  
18 required under Article XIII B, Section 6 of the California Constitution. The Controller  
19 denied reimbursement without any basis in law or fact. The District has met its burden  
20 of going forward on this claim by complying with the requirements of Section 1185, Title  
21 2, California Code of Regulations. Because the Controller has enforced and is seeking

**Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining**

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1 to enforce these adjustments without benefit of statute or regulation, the burden of  
2 proof is now upon the Controller to establish a legal basis for its actions.

3           The District requests that the Commission make findings of fact and law on each  
4 and every adjustment made by the Controller and each and every procedural and  
5 jurisdictional issue raised in this claim, and order the Controller to correct its payment  
6 pursuant to the findings of the Commission.

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Incorrect Reduction Claim of Gavilan Joint Community College District  
961/75 Collective Bargaining

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1 PART VII. CERTIFICATION

2 By my signature below, I hereby declare, under the penalty of perjury under the  
3 laws of the State of California, that the information in this incorrect reduction claim  
4 submission is true and complete to the best of my own knowledge or information or  
5 belief, and that the attached documents are true and correct copies of documents  
6 received from or sent by the state agency which originated the document.

7 Executed on December 15, 2005, at Gilroy, California, by

8 Joseph D Keeler

9 Joseph D. Keeler, Vice-President Administrative Services  
10 Gavilan Joint Community College District  
11 5055 Santa Teresa Blvd.  
12 Gilroy, CA 95020-9599  
13 Voice: 408-848-4715  
14 Fax: 408-848-4994  
15 E-Mail: jkeeler@gavilan.cc.ca.us

16 APPOINTMENT OF REPRESENTATIVE

17 Gavilan Joint Community College District appoints Keith B. Petersen, SixTen and  
18 Associates, as its representative for this incorrect reduction claim.

19  
20 Joseph D Keeler  
21 Joseph D. Keeler, Vice-President  
22 Gavilan Joint Community College District

12/15/05  
Date

23 Attachments:

24 Exhibit "A" Controller's Remittance Advices and Letters  
25 Exhibit "B" Claimant's Letter dated August 5, 1998  
26 Exhibit "C" Parameters and Guidelines as amended July 22, 1993  
27 Exhibit "D" Controller's Claiming Instructions October 1996







243060

9/5/96

**KATHLEEN CONNELL  
CONTROLLER OF THE STATE OF CALIFORNIA  
DIVISION OF ACCOUNTING AND REPORTING**

JULY 30, 1996

BOARD OF TRUSTEES  
GAVILAN JT COMM COLL DIST  
SANTA CLARA COUNTY  
5055 SANTA TERESA BLVD  
GILROY CA 95020

DEAR CLAIMANT:

RE: COLLECTIVE BARGAIN CR 951/75

WE HAVE REVIEWED YOUR 1995/1996 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	348,966.00
LESS: TOTAL ADJUSTMENTS (DETAIL ON PAGE 2)	- 184,842.00
CLAIM AMOUNT APPROVED	164,124.00
LESS: TOTAL PRIOR PAYMENTS (DETAIL ON PAGE 2)	- 290,270.00
AMOUNT DUE STATE	\$ 126,146.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 126,146.00 WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, PAYABLE TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875 WITH A COPY OF THIS LETTER. FAILURE TO REMIT THE AMOUNT DUE WILL RESULT IN OUR OFFICE PROCEEDING TO OFFSET THE AMOUNT FROM THE NEXT PAYMENTS DUE TO YOUR AGENCY FOR STATE MANDATED COST PROGRAMS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JACK KNOTT AT (916) 323-0710 OR IN WRITING AT THE ABOVE ADDRESS.

SINCERELY,

JEFF YEE,  
MANAGER

LOCAL REIMBURSEMENT SECTION  
P.O. BOX 942850 SACRAMENTO, CA 94250-5875

AUG 6 4 1996

CONTROLLER OF CALIFORNIA  
P.O. BOX 942950, SACRAMENTO, CALIFORNIA 94250

THIS NOTICE IS FOR INFORMATION PURPOSE ONLY.  
NO WARRANT WILL BE MAILED.  
THE NET PAYMENT AMOUNT WAS ZERO.

BOARD OF TRUSTEES  
GAVILAN JT COMM COLL DIST  
SANTA CLARA COUNTY  
5055 SANTA TERESA BLVD  
GILROY CA 95020

\*\*\*\*\*

PAYEE: TREASURER, GAVILAN JT COMM COLL DIST  
FUND NAME: GENERAL FUND

ISSUE DATE: 08/08/2001

CLAIM SCHEDULE NBR: MA1071

REIMBURSEMENT OF STATE MANDATED COSTS

IF YOU HAVE ANY QUESTIONS, PLS. CALL EDUARDO AT (916) 323-07  
ACL : 6110-295-0001-1998 PROG : OPEN MEETINGS CH 641/86 (SCH

1998/1999 ACTUAL PAYMENT CLAIMED AMT: 662.0

TOTAL ADJUSTMENTS: .0

TOTAL APPROVED CLAIMED AMT: 662.0

LESS PRIOR PAYMENTS: 305.0

PRORATA PERCENT: 100.000000

PRORATA BALANCE DUE: .0

APPROVED PAYMENT AMOUNT: 357.0

PAYMENT OFFSETS (ACL NBR, NAME, FY, AMT.):

6110-295-0001-1998 COLLECTIVE BARGAIN CH 96 95/96 35

NET PAYMENT AMOUNT: .0

2516

REC 1 5 2001

CONTROLLER OF CALIFORNIA  
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS NOTICE IS FOR INFORMATION PURPOSE ONLY.  
NO WARRANT WILL BE MAILED.  
THE NET PAYMENT AMOUNT WAS ZERO.

BOARD OF TRUSTEES  
GAVILAN JT COMM COLL DIST  
SANTA CLARA COUNTY  
5055 SANTA TERESA BLVD  
GILROY CA 95020

\*\*\*\*\*.0

PAYEE: TREASURER, GAVILAN JT COMM COLL DIST  
FUND NAME: GENERAL FUND

ISSUE DATE: 05/08/2001

CLAIM SCHEDULE NBR: RA10712

REIMBURSEMENT OF STATE MANDATED COSTS

IF YOU HAVE ANY QUESTIONS, PLS. CALL EDUARDO AT (916) 323-075

ACL 1.6110-295-0001-1996 PROG : OPEN MEETINGS CH 641/86 (SCH)

1996/1997 ACTUAL PAYMENT CLAIMED AMT: 863.00

TOTAL ADJUSTMENTS: (SEE BELOW) .00

TOTAL APPROVED CLAIMED AMT: 863.00

LESS PRIOR PAYMENTS: 376.00

PRORATA PERCENT: 100.000000

PRORATA BALANCE DUE: .00

APPROVED PAYMENT AMOUNT: 487.00

PAYMENT OFFSETS (ACL NBR, NAME, FY, AMT.):

6110-295-0001-1995 COLLECTIVE BARGAIN CH 96 95/96 487

NET PAYMENT AMOUNT: .00

*2016*



843060

**KATHLEEN CONNELL**  
CONTROLLER OF THE STATE OF CALIFORNIA  
DIVISION OF ACCOUNTING AND REPORTING

95/4

JULY 10, 2002

BOARD OF TRUSTEES  
GAVILAN JT COMM COLL DIST  
SANTA CLARA COUNTY  
5055 SANTA TERESA BLVD  
MERCED CA 95320

DEAR CLAIMANT:

RE: COLLECTIVE BARGAIN CN 961/75

WE HAVE REVIEWED YOUR 1998/1999 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	365,366.00
LESS: TOTAL ADJUSTMENTS (DETAIL ON PAGE 2)	1,901.00
CLAIM AMOUNT APPROVED	324,221.00
LESS: TOTAL PRIOR PAYMENTS (DETAIL ON PAGE 2)	250,270.00
AMOUNT DUE CLAIMANT	\$ 60,597.00

224,721  
290,270  
60,597

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT TRISH STURDY AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942800, SACRAMENTO, CA 94230-5879. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

*Denny Beumala*  
DENNY BEUMALA  
MANAGER

cc: A. Nichols  
R. Pleading

PAGE 1 OF 2  
LOCAL REIMBURSEMENT SECTION  
P.O. BOX 942800 SACRAMENTO, CA 94230-5879

343060

<b>ADJUSTMENT TO CLAIM:</b>		
NO SUPPORTING DOCUMENTATION	-	124,245.00
PRIOR COLLECTIONS		126,146.00
<b>LESS: TOTAL ADJUSTMENTS</b>		<b>1,901.00</b>
<b>PRIOR PAYMENTS:</b>		
SCHEDULE NO. WA12337I		
PAID 06-18-2002		0.00
SCHEDULE NO. WA41222A		
PAID 01-30-1997		15,270.00
SCHEDULE NO. WA51227E		
PAID 01-24-1996		275,000.00
<b>LESS: TOTAL PRIOR PAYMENTS</b>		<b>290,270.00</b>





**GAVILAN  
COLLEGE**

5055 SANTA TERESA BLVD.  
GILROY, CA 95020  
408 847-1400

Jeff Yee  
Manager  
Local Reimbursements Section  
P.O. Box 942850  
Sacramento, CA 94250-5875

August 5, 1998

Re: Your letter dated July 30, 1998

This is to notify you that Gavilan College is appealing your denial of Mandated Costs Claim for FY 1995/96. Gavilan College has all supporting documentation to validate our claim for \$348,842. It is possible you need additional information to validate our claim. Please provide me with a listing of the areas where you do not have adequate support to verify this claim.

Until Gavilan College is satisfied that you have all documentation in support of our claim we so not intend to make a reimbursement payment to you. You may contact me at (408) 848-4715 if need to discuss this matter further.

Sincerely,

Steven M. Kinsella  
Dean of Business Services





## COMMISSION ON STATE MANDATES

1414 K Street, Suite 315  
SACRAMENTO, CA 95814  
(916) 323-3562



July 23, 1993

Mr. Keith B. Petersen  
Legislative Financial Specialist  
San Diego Unified School District  
4100 Normal Street  
San Diego, California 92103-2682

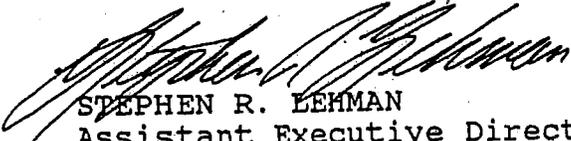
Re: Request to Amend Parameters and Guidelines  
Chapter 961, Statutes of 1975  
Collective Bargaining

Dear Mr. Petersen:

Your proposal to amend the parameters and guidelines for Chapter 961, Statutes of 1975, Collective Bargaining, was approved by the Commission on State Mandates at its hearing of July 22, 1993. Attached for your review is a copy of the amended parameters and guidelines.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

  
STEPHEN R. LEHMAN  
Assistant Executive Director

SRL: :G:\SRL\CH961.AMD

Enclosure: Amended Parameters and Guidelines

cc:w/encl: Mr. Jim Apps, Department of Finance  
Mr. John Korach, State Controller's Office  
Ms. Carol Miller, Education Mandated Cost Network

Adopted: October 22, 1980  
Amendments Adopted: 8/19/81  
(Amendments applicable only to claims for costs incurred  
after June 30, 1981)  
Amended: 3/17/83  
Amended: 9/29/83  
Amended: 12/15/83  
Amended: 6/27/85  
Amended: 10/20/88  
Amended: 7/22/93  
G:\PG\CH961.75

PARAMETERS AND GUIDELINES  
Chapter 961, Statutes of 1975  
Collective Bargaining

An act to repeal Article 5 (commencing with Section 13080) of Chapter 1 of Division 10 of the Education Code, and to add Chapter 10.7 (commencing with Section 3540) to Division 4 of Title 1 of the Government Code, relating to public educational employment relations, and making an appropriation. This bill, which was operative July 1, 1976, repealed the Winton Act and enacted provisions to meet and negotiate, thereby creating a collective bargaining atmosphere for public school employers.

A. Operative Date of Mandate

The provisions relating to the creation, certain duties of, and appropriations for the Public Employment Relations Board were operative on January 1, 1976. The provisions relating to the organizational rights of employees, the representational rights of employee organizations, the recognition of exclusive representatives, and related procedures were operative on April 1, 1976. The balance of the added provisions were operative on July 1, 1976.

B. Period of Claim

Only costs incurred after January 1, 1978, may be claimed. The initial claim should have included all costs incurred for that portion of the fiscal year from January 1, 1978, to June 30, 1978.

Pursuant to language included in the 1980-81 budget, claims shall no longer be accepted for this period. All subsequent fiscal year claims should be filed with the State Controller's Office for processing.

C. Mandated Cost

Public school employers have incurred costs by complying with the requirements of Section 3540 through 3549.1

established by Chapter 961, Statutes of 1975. In addition, some costs have been incurred as a result of compliance with regulations promulgated by the Public Employment Relations Board (PERB). Since these activity costs (referred to collectively as "Rodda Act" activities and costs in this document), in many respects, simply implement the original legislation, it is intended that these parameters and guidelines have embodied those regulations or actions taken by PERB prior to December 31, 1978.

D. County Superintendent of Schools Filing

If the County Superintendent of Schools files a claim on behalf of more than one school district, the costs of the individual school district must be shown separately.

E. Governing Authority

The costs for salaries and expenses of the governing authority, for example the School Superintendent and Governing Board, are not reimbursable. These are costs of general government as described by the federal guideline entitled "Cost Principles and Procedures for Establishing Cost Allocation Plans and Indirect Cost Rates for Grants and Contracts with the Federal Government," OASC-10.

F. Certification

The following certification must accompany all claims:

I DO HEREBY CERTIFY:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with; and

THAT I am the person authorized by the local agency to file claim for funds with the State of California.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_

G. Claim Components (Reimbursable Costs)

Reimbursable activities mandated by Chapter 961, Statutes of 1975 are grouped into six components, G1 through G6. The cost of activities grouped in components G1, G2, and G3 are subject to offset by the historic cost of similar Winton Act activities as described in H2.

1. Determination of appropriate bargaining units for representation and determination of the exclusive representation and determination of the exclusive representatives.
  - a. Unit Determination: Explain the process for determining the composition of the certificated employee council under the Winton Act, and the process for determining appropriate bargaining units including the determination of management, supervisory and confidential employees, under Chapter 961, Statutes of 1975, if such activities were performed during the fiscal year being claimed.
  - b. Determination of the Exclusive Representative: Costs may include receipt and posting of the representation and decertification notices and, if necessary, adjudication of such matters before the PERB.
  - c. Show the actual increased costs including salaries and benefits for employer representatives and/or necessary costs for contracted services for the following functions:
    - (1) Development of proposed lists for unit determination hearings if done during the fiscal year being claimed. Salaries and benefits must be shown as described in Item H3.
    - (2) Representation of the public school employer at PERB hearings to determine bargaining units and the exclusive representative. Actual preparation time will be reimbursed. Salaries and benefits must be shown as described in Item H3.
    - (3) If contracted services are used for either (a) or (b) above, contract invoices must be submitted with the claim. Contract costs must be shown as described in Item H5.

- (4) Indicate the cost of substitutes for release time for employer and exclusive bargaining unit witnesses who testify at PERB hearings. The job classification of the witnesses and the date they were absent must also be submitted. Release time for employee witnesses asked to attend the PERB hearing by bargaining units will not be reimbursed.
- (5) Identify the travel costs for employer representatives to any PERB hearing. Reimbursement shall reflect the rate specified by the regulations governing employees of the local public school employer.
- (6) Cost of preparation for one transcript per PERB hearing will be reimbursed.

2. Elections and decertification elections of unit representatives are reimbursable in the event the Public Employment Relations Board determines that a question of representation exists and orders an election held by secret ballot.

- a. Submit with your claim any Public Employment Relations Board agreements or orders which state how the election must be held.
- b. If a precinct voting list was required by PERB, indicate the cost of its development. Salaries and benefits must be shown as described in Item H3.
- c. The salary and benefits of a school employer representative, if required by PERB for time spent observing the counting of ballots, will be reimbursed. The representatives' salary must be shown as described in Item H3.

3. Negotiations: Reimbursable functions include -- receipt of exclusive representative's initial contract proposal, holding of public hearings, providing a reasonable number of copies of the employer's proposed contract to the public, development and presentation of the initial district contract proposal, negotiation of the contract, reproduction and distribution of the final contract agreement.

- a. Show the costs of salaries and benefits for employer representatives participating in negotiations. Contracted services will be

reimbursed. Costs for maximum of five public school employer representatives per unit, per negotiation session will be reimbursed. Salaries and benefits must be shown as described on Page 7, Item H3.

- b. Show the costs of salaries and benefits for employer representatives and employees participating in negotiation planning sessions. Contracted services for employer representatives will be reimbursed. Salaries and benefits must be shown as described in Item H3.
- c. Indicate the cost of substitutes for release time of exclusive bargaining unit representatives during negotiations. Give the job classification of the bargaining unit representative that required a substitute and dates the substitute worked. Substitute costs for a maximum of five representatives per unit, per negotiation session will be reimbursed. The salaries of union representatives are not reimbursable.
- d. Reasonable costs of reproduction for a copy of the initial contract proposal and final contract, which is applicable and distributed to each employer representative (i.e. supervisory, management, confidential) and a reasonable number of copies for public information will be reimbursed. Provide detail of costs and/or include invoices. Costs for copies of a final contract provided to collective bargaining unit members are not reimbursable.
- e. If contract services are used for a. and/or b. above, contract invoices must be submitted. Contract costs must be shown as described in Item H5.
- f. A list showing the dates of all negotiation sessions held during the fiscal year being claimed must be submitted.

#### 4. Impasse Proceedings

##### a. Mediation

- (1) Costs for salaries and benefits for employer representative personnel are reimbursable. Contracted services will be reimbursed. Costs for a maximum of five public school employer representatives per mediation

session will be reimbursed. Salaries and benefits must be shown as described in Item H3.

- (2) Indicate the costs of substitutes for the release time of exclusive bargaining unit representatives during impasse proceedings. The job classification of the employee witnesses and the date they were absent shall be indicated. Costs for a maximum of five representatives per mediation session will be reimbursed.
  - (3) Renting of facilities will be reimbursed.
  - (4) Costs of the mediator will not be reimbursed.
  - (5) If contract services are used under 1, contract invoices must be submitted with the claim. Contract costs must be shown as described in Item H5.
- b. Fact-finding publication of the findings of the fact-finding panel. (To the extent fact-finding was required under the Winton Act during the 1974-75 fiscal year, costs are not reimbursable.)
- (1) All costs of the school employer panel representative shall be reimbursed. Salaries and benefits must be shown as described in Item H3.
  - (2) Fifty percent of the costs mutually incurred by the fact-finding panel shall be reimbursed. This may include substitutes for release time of witnesses during fact-finding proceedings, and the rental of facilities required by the panel.
  - (3) Special costs imposed on the public school employer for the development of unique data required by a fact-finding panel will be reimbursed. Describe the special costs and explain why this data would not have been required by a fact-finding panel under the Winton Act. Salaries and benefits must be shown as described in Item H3.

5. Contract administration and adjudication of contract disputes either by arbitration or litigation.  
Reimbursable functions include grievances and administration and enforcement of the contract.
- a. Salaries and benefits of employer personnel involved in adjudication of contract disputes. Contracted services will be reimbursed. Salaries and benefits must be shown as described in Item H3.
  - b. Indicate substitutes necessary for release time of the representatives of an exclusive bargaining unit during adjudication of contract disputes. The job classification of the employee witnesses and the dates they were absent shall also be indicated.
  - c. Reasonable costs incurred for a reasonable number of training sessions held for supervisory and management personnel on contract administration/interpretation of the negotiated contract are reimbursable. Contract interpretations at staff meetings are not reimbursable. Personal development and informational programs, i.e., classes, conferences, seminars, workshops, and time spent by employees attending such meetings are not reimbursable. Similarly, purchases of books and subscriptions for personal development and information purposes are not reimbursable. Salaries and benefits must be shown as described in Item H3.
  - d. The cost of one transcript per hearing will be reimbursed.
  - e. Reasonable public school employer costs associated with a contract dispute which is litigated are reimbursable, as follows:
    1. Reasonable public school employer costs associated with issues of contract disputes which are presented before PERB are reimbursable.
    2. Reasonable public school employer cost of litigation as a defendant in the court suit involving contract disputes may be reimbursable.

3. Where the public school employer is the plaintiff in a court suit to appeal a PERB ruling, costs are reimbursable only if the public school employer is the prevailing party (after all appeals, final judgment).
  4. No reimbursement is allowed where the public school employer has filed action directly with the courts without first submitting the dispute to PERB, if required.
  5. No reimbursement shall be provided for filing of amicus curiae briefs.
  - f. Expert witness fees will be reimbursed if the witness is called by the public school employer.
  - g. Reasonable reproduction costs for copies of a new contract which is required as a result of a dispute will be reimbursed.
  - h. If contract services are used under "a" above, copies of contract invoices must be submitted with your claim. Contract costs must be shown as described in Item H5.
  - i. Public school employer's portion of arbitrators' fees for adjudicating grievances, representing 50% of costs, will be reimbursed.
6. Unfair labor practice adjudication process and public notice complaints.
- a. Show the actual costs for salaries and benefits of employer representatives. Services contracted by the public school employer are reimbursable. Salaries and benefits must be shown as described in Item H3.
  - b. Indicate cost of substitutes for release time for representatives of exclusive bargaining units during adjudication of unfair practice charges.
  - c. The cost of one transcript per PERB hearing will be reimbursed.
  - d. Reasonable reproduction costs will be reimbursed.
  - e. Expert witness fees will be reimbursed if the witness is called by the public school employer.

- f. If contract services are used under "a" above, contract invoices must be submitted. Contract costs must be shown as described in Item H5.
- g. No reimbursement for an appeal of an unfair labor practice decision shall be allowed where the Public Employee Relations Board is the prevailing party.
- h. No reimbursement for filing of amicus curiae briefs shall be allowed.

H. Supporting Data for Claims--Report Format for Submission of Claim.

- 1. Description of the Activity: Follow the outline of the claim components. Cost must be shown separately by component activity. Supply workload data requested as part of the description to support the level of costs claimed. The selection of appropriate statistics is the responsibility of the claimant.
- 2. Quantify "Increased" Costs: Public school employers will be reimbursed for the "increased costs" incurred as a result of compliance with the mandate.

a. For component activities G1, G2, and G3:

- 1. Determination of the "increased costs" for each of these three components requires the costs of current year Rodda Act activities to be offset [reduced] by the cost of the base-year Winton Act activities. The Winton Act base-year is generally fiscal year 1974-75.

Winton Act base-year costs are adjusted by the Implicit Price Deflator prior to offset against the current year Rodda Act costs for these three components. The Implicit Price Deflator shall be listed in the annual claiming instructions of the State Controller.

- 2. The cost of a claimant's current year Rodda Act activities are offset [reduced] by the cost of the base-year Winton Act activities either: by matching each component, when claimants can provide sufficient documentation to segregate each component of the Winton Act base-year activity costs; or, by combining all three components when claimants cannot satisfactorily segregate each component of Winton Act base-year costs.

- b. For component activities G4, G5, and G6:

All allowable activity costs for these three Rodda Act components are "increased costs" since there were no similar activities required by the Winton Act; therefore, there is no Winton Act base-year offset to be calculated.

<u>BASE YEAR</u>	<u>ADJUSTMENT</u>	
1974-1975	1.490	1979-80 FY
"	1.560	1980-81 FY
"	1.697	1981-82 FY
"	1.777	1982-83 FY
"	1.884	1983-84 FY

3. Salary and Employees' Benefits: Show the classification of the employees involved, amount of time spent, and their hourly rate. The worksheet used to compute the hourly salary rate must be submitted with your claim. Benefits are reimbursable. Actual benefit percent must be itemized. If no itemization is submitted, 21 percent must be used for computation of claim costs. Identify the classification of employees committed to functions required under the Winton Act and those required by Chapter 961, Statutes of 1975.
4. Services and Supplies: Only expenditures which can be identified as a direct cost as a result of the mandate can be claimed.
5. Professional and Consultant Services: Separately show the name of professionals or consultants, specify the functions the consultants performed relative to the mandate, length of appointment, and the itemized costs for such services. Invoices must be submitted as supporting documentation with your claim. The maximum reimbursable fee for contracted services is \$100 per hour. Annual retainer fees shall be no greater than \$100 per hour. Reasonable expenses will also be paid as identified on the monthly billings of consultants. However, travel expenses for consultants and experts (including attorneys) hired by the claimant shall not be reimbursed in an amount higher than that received by State employees, as established under Title 2, Div. 2, Section 700ff, CAC.
6. Allowable Overhead Cost: Public school employer's indirect costs may only be claimed through an indirect costs rate proposal prepared in accordance with the provision on Federal Regulation OASC-10 (formerly OMB Circular A-87 and FMC 74-4). For the 1978-79 fiscal

year, public school employers may use the J-86 nonrestrictive indirect cost rate approved by the State Department of Education (SDE). For the 1979-80 and subsequent fiscal years, public school employers may use the J-41A nonrestrictive indirect cost rate approved by SDE. Public school employers that do not have an approved J-41A must use the J-85 restrictive indirect cost rate for the 1978-79 fiscal year, and J-73A rate for the 1980-81 and subsequent fiscal years. The J-41A or the J-13A must be submitted with your claim.

7. Costs previously included in the J-86 indirect cost calculation which are now included in the J-41A direct support cost category are eligible for reimbursement if the method of computation is explained in the claim.

Indirect cost rate should not be applied to costs classified as General Support in the J-41A or J-73A under EDP codes 400, 405, and 410 in column three.



# COLLECTIVE BARGAINING

## 1. Summary of Chapter 961/75

The Rodda Act repealed Education Code Article 5 (commencing with § 13080), of Chapter 1 of Division 10 and added Chapter 10.7 (commencing with § 3540) to Division 4 of Title 1 of the Government Code, relating to public educational employment relations.

The Rodda Act which became operative July 1, 1976, repealed the Winton Act and enacted provisions requiring the employer and employee to meet and negotiate, thereby creating a collective bargaining atmosphere for public school employees. It also established the Public Employment Relations Board (PERB). PERB is responsible for issuing formal interpretations and rulings regarding collective bargaining under the act.

On July 17, 1978, the Commission on State Mandates, (formerly Board of Control), determined that Chapter 961, Statutes of 1975, resulted in state mandated costs which are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2.

## 2. Eligible Claimants

Any school district (K-12), county office of education, or community college district that incurs increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

## 3. Appropriations

Claims may only be filed with the State Controller's Office for programs that have been funded in the state budget, the State Mandates Claims Fund, or in special legislation. To determine if current funding is available for this program, refer to the schedule "Appropriation for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in September of each year to county superintendents of schools and superintendents of schools.

## 4. Types of Claims

### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

### B. Minimum Claim

Government Code § 17564(a), provides that no claim shall be filed pursuant to Government Code § 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school district, may submit a combined claim in excess of \$200 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$200. A combined claim must show the individual costs for each district. Once a combined claim is filed, all subsequent years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing a written notice to the county superintendent of schools and the State Controller's Office of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim.

**5. Filing Deadline**

Refer to the item, "Reimbursable State Mandated Cost Programs", contained in the annual cover letter for mandated cost programs issued annually in September, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19\_\_/\_ Reimbursement Claim", and/or "19\_\_/\_ Estimated Claim", claims may be filed as follows:

- A. An estimated claim must be filed with the State Controller's Office and postmarked by November 30 of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by November 30 of the following fiscal year. If the district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- B. A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by November 30 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by November 30 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

**6. Reimbursable Components**

The objective of the reporting forms is to determine the Rodda Act costs incurred during the current year and compare them with the adjusted costs incurred in the base year under the Winton Act. The first three claim components listed below apply to both the Winton Act and Rodda Act. Components D through F, which apply only to the Rodda Act, represent activities that were not required under the Winton Act.

**A. Determining Bargaining Units and Exclusive Representation**

The cost of determining appropriate bargaining units, exclusive representation and representatives are reimbursable. Activities determined to be eligible reimbursements for this component are as follows:

**1. Bargaining Unit Lists**

Developmental costs of proposed lists for the bargaining unit determination hearing.

- (a) Contracted services necessary for development of proposed lists.
- (b) Salaries and benefits of district employees and related costs necessary to develop proposed lists.

**2. PERB Hearings**

Representation cost for the school employer at PERB hearings held to determine the bargaining units and their exclusive representative.

- (a) Salaries and benefits of district employees used to prepare for and represent employer at hearings.
- (b) Contracted services used to prepare for and represent the employer at hearings.

**3. Substitutes**

The cost of hiring substitutes to replace the employer and exclusive bargaining unit witnesses required to testify at PERB hearings. The claimant must include with the claim, a list of teacher witnesses, their job classifications and the date they were required to testify.

**The cost of substitute release time for employee witnesses asked to attend PERB hearings by bargaining units, but not required to testify, is not eligible for reimbursement in this component.**

**4. Travel Costs**

Travel expenses incurred by district employer representatives required to attend PERB hearings. Reimbursement shall comply with the rate specified by the regulations governing employees of the local school district. However, the reimbursement cannot exceed the rate adopted by the Board of Control for state employees.

**5. Transcripts**

The cost of preparing one transcript for each PERB hearing.

**B. Election of Unit Representation**

The cost of elections and decertification elections of unit representatives are reimbursable in the event PERB determines that a question of representation exists and orders an election by secret ballot. The claimant must include with the claim, any PERB agreements or orders which state how the election must be held.

Activities determined to be eligible reimbursements for this component are as follows:

**1. Precinct Voting List**

The salaries, benefits, and related cost of developing and preparing a precinct voting list, if required by PERB.

**2. Ballot Tally Observers**

The salary and benefits of a school employer representative required by PERB to observe the ballot count.

**C. Cost of Negotiations**

The cost associated with the receipt of the exclusive representative's initial contract proposal, holding of public hearings, providing a reasonable number of copies of the employer's contract proposal, negotiation of the contract, and reproduction and distribution of the final contract agreement are reimbursable. The claimant must include with the claim, a listing of the dates of all negotiation sessions held during the period for which the claim is being filed.

Activities determined to be eligible reimbursements for this component are as follows:

**1. Representative's Contract Proposal**

The employer's cost of analyzing the exclusive representative's initial contract proposal.

(a) Salaries and benefits for public school district employer representatives and supporting personnel participating in planning sessions and related contracted services.

**2. Public Hearings**

The cost of holding public hearings related to the contract negotiations.

**3. Public Distribution of Proposed Contract**

The cost of providing a reasonable number of copies of the district's proposed contract to the public.

- (a) Reproduction of copies of the initial contract proposal for the district's supervisory, management, and confidential representatives are reimbursable.
- (b) A reasonable number of copies of the initial contract for distribution to the public is reimbursable.

**4. District Contract Proposal**

The cost of employer salaries and benefits necessary for development and presentation of the initial district contract proposal and related contracted services.

**5. Negotiation**

The cost of negotiating a contract with the employee representatives.

- (a) Salaries and benefits for district employer representatives participating in negotiations and related contracted services. Reimbursable costs for a maximum of five school district representatives per unit per negotiating session will be reimbursed.
- (b) Substitutes hired so that exclusive bargaining unit representatives can attend negotiations. List the job classification of the bargaining unit representative that required a substitute. List the dates and time the substitute worked. Substitute cost for a maximum of five representatives per unit negotiating per session are reimbursable.

**6. Public Distribution of Final Contract**

The cost of reproduction of the contract and distribution of the final contract agreement.

- (a) Reproduction of copies of the initial contract for distribution to the district's supervisory, management, and confidential employee representatives.
- (b) A reasonable number of copies of the final contract for purposes of public information.

The following costs are not eligible for reimbursement for this component:

- (c) The cost of copies of the final contract provided to the collective bargaining unit members.
- (d) The salaries of union representatives.

**D. Impasse Proceedings**

The cost of impasse proceedings are reimbursable. Activities determined to be reimbursable for this component are as follows:

**1. Mediation**

Representation costs for the school employer at mediation sessions are reimbursable.

- (a) Salaries and benefits for district employees to prepare and represent the employer at the sessions.
- (b) Contracted services used to prepare for and represent the employer at the sessions.

(c) Substitutes hired to allow exclusive bargaining unit representatives to attend impasse proceedings. List the job classification of the employee witnesses and the dates and time they attend mediation sessions. Reimbursements to a public school district employer are limited to the cost of hiring a maximum of five substitutes to replace five representatives so they can attend a mediation session.

(d) The cost of renting facilities for the sessions.

## 2. Fact Finding

The cost of development and publication of the findings of the panel.

(a) All the costs of the district employer representative serving on the fact finding panel.

(b) Fifty percent of the cost of the fact finding panel mutually incurred by the employer representative and the employee bargaining unit representative. This may include the cost of teacher substitutes so that witnesses can attend fact finding proceedings and the rental of facilities required to conduct the fact finding hearing.

(c) Special costs imposed on the district for the development of unique data required by a fact finding panel. Describe the special costs and explain why this data would not have been required by a fact finding panel under the Winton Act.

(d) Cost of the mediator is not eligible for reimbursement for this component.

## E. Contract Administration

The cost of contract administration and adjudication of contract disputes either by arbitration or litigation are reimbursable.

Activities determined to be reimbursable for this component are as follows:

### 1. Training Sessions

Reasonable cost incurred for a reasonable number of training sessions held for supervisory and management personnel regarding contract administration and interpretation of the negotiated contract.

### 2. Grievances

(a) Salaries and benefits of public school district personnel involved in adjudication of contract disputes along with related contracted services.

(b) Substitutes hired so that representatives of an exclusive bargaining unit can attend adjudication hearings regarding contract disputes. List the job classifications of the employee witnesses and the dates and time they were required to attend adjudication hearings.

(c) The cost of one transcript per hearing is reimbursable.

### 3. Contract Disputes Presented Before PERB

(a) Public school employer costs regarding contract disputes which are presented before PERB.

(b) Litigation costs incurred by a public school employer as a defendant in a court suit involving contract disputes may be reimbursable. (See (4), "Appeal of PERB Ruling", below, if claimant is the plaintiff).

(c) Expert witness fees if the witness is called by the public school employer.

(d) Reasonable reproduction costs for copies of a new contract which are required as a result of a dispute.

- (e) A public school employer's portion of an arbitrator's fees (50% of costs) for adjudicating grievances.

#### 4. Appeal of PERB ruling

Reasonable claimant costs associated with a contract dispute are reimbursable when the claimant is the plaintiff in a court suit to appeal a PERB ruling and the claimant is the prevailing party.

- (a) The costs incurred become eligible for reimbursement in the fiscal year in which the appeal process has been exhausted.
- (b) The claimant must include with the claim a copy of the court's ruling.
- (c) If the claim includes costs associated with more than one appeal, the costs associated with each appeal must be shown separately.

No reimbursement is allowed where the public school employer has filed action directly with the courts without first submitting the dispute to PERB, if required.

No reimbursement shall be provided for filing of a brief with the court by a person who is not party to a litigation (i.e., amicus curiae).

#### The following costs are not eligible for reimbursement for this component.

- (d) Contract interpretations conducted at staff meetings.
- (e) Personal development and informational programs (i.e., classes, conferences, seminars, workshops) and time spent by employees attending such meetings.
- (f) Labor/management non-adversarial training sessions.
- (g) Purchase of books and subscriptions for personal development and information purposes.

#### F. Unfair Labor Practice Charges

The cost of unfair labor practice adjudication process and public notice complaints are reimbursable.

Activities determined to be eligible for reimbursement for this component are as follows:

##### 1. Unfair Labor Practice Presented to PERB

- (a) Salaries and benefits of public school district employer representatives and related contract services.
- (b) The cost of substitutes hired to replace representatives of an exclusive bargaining unit required to attend adjudication hearings regarding unfair labor practice charges.
- (c) The cost of one transcript for each PERB hearing.
- (d) Reasonable reproduction costs.
- (e) Expert witness fees if the witness is called by the public school employer.

##### 2. Appeal of a PERB Ruling

Claimant costs associated with the appeal of a PERB unfair labor practice decision are reimbursable if the claimant is the prevailing party.

- (a) The costs incurred become eligible for reimbursement in the fiscal year in which the appeal process has been exhausted.
- (b) The claim must include a copy of the court's ruling.

- (c) If the claim includes costs associated with more than one appeal, the costs associated with each appeal must be shown separately.

The following costs are not eligible for reimbursement for this component.

- (d) Appeal of an unfair labor practice decision if PERB is the prevailing party.
- (e) The filing of a brief with the court by a person who is not party to the litigation (i.e., amicus curiae).

## 7. Reimbursement Limitations

### A. Fringe Benefits

The actual fringe benefit costs may be claimed if supported by an itemized list of the costs, such as for: Retirement, Social Security, health and dental insurance, workers compensation, etc.. If no itemization is submitted, twenty one percent of direct salary may be used for computing the fringe benefit costs.

### B. Contracted Services

The contracted services guidelines in Claiming Forms and Instructions [See 8.A.(3)] shall prevail, except that the reimbursable fee for collective bargaining contracted services will not exceed \$100 per hour. Additionally, annual retainer fees shall be based on a fee not greater than \$100 per hour. Those claims which are based on annual retainers shall contain a certification that the fee is no greater than \$100 per hour. Reasonable expenses will also be paid if identified on the monthly billings of consultants. However, travel expenses for consultants and experts (including attorneys) hired by the claimant shall not be reimbursed in an amount higher than that received by State employees. Prior to the 1987/88 fiscal year, the contracted service fee was at a rate no greater than \$65 per hour.

### C. Travel Expenses

Reimbursement for business and travel expenses is limited in amount and type to those that can be claimed by State Employees. Refer to Appendix A, State of California, Travel Expense Guidelines, for current per diem rates.

### D. Other Revenue Sources

Any offsetting savings or reimbursement the claimant received from any source (e.g. service fees collected, federal funds, other state funds, etc.,) as a result of this mandate shall be identified and deducted so only net local costs are claimed.

### E. Governing Authority

Salaries and expenses of the governing authority, for example, the Board of Trustees and the Superintendent of Schools, are not reimbursable as a direct cost.

## 8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms CB-1 and CB-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

**A. Form CB-2, Component/Activity Cost Detail**

This form is used to segregate the detailed costs by claim component. A separate form CB-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

**(1) Salaries and Benefits**

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, the productive hourly rates and related fringe benefits.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on the mandate.

**(2) Materials and Supplies**

Only expenditures which can be identified as a direct cost of the mandate may be claimed. List the cost of materials which have been consumed or expended specifically for the purpose of the mandate.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders and other documents evidencing the validity of the expenditures.

**(3) Contracted Services**

Contracting costs are reimbursable to the extent that the function to be performed requires special skill or knowledge that is not readily available from the claimant's staff or the service to be provided by the contractor is cost effective. Use of contract services must be justified by the claimant.

Give the name(s) of contractor(s) who performed the service(s). Describe the activities performed by each named contractor, actual time spent on the mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

**(4) Travel Expenses**

Travel expenses for mileage, per diem, lodging and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive travel dates, destination points and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

**B. Form CB-1, Claim Summary**

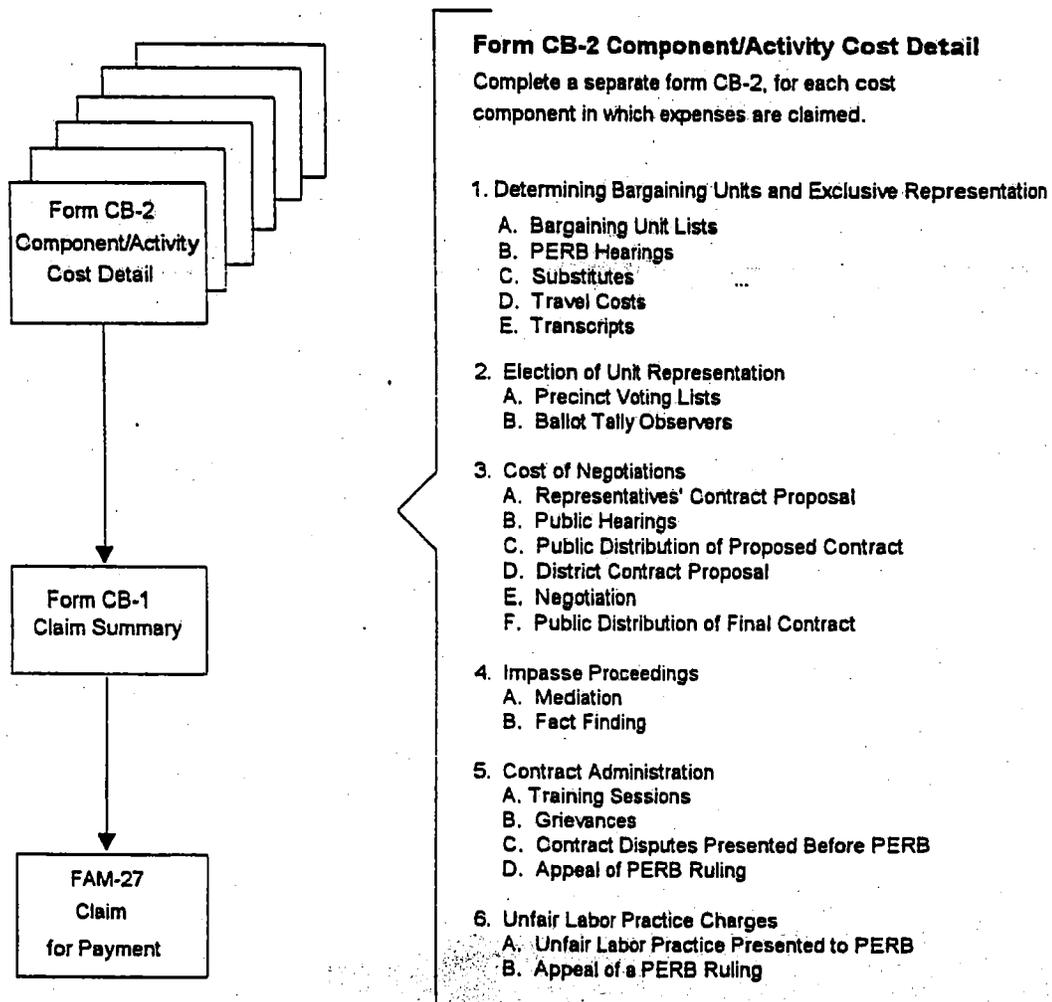
This form is used to summarize direct costs by claim component and compute allowable indirect costs for the mandate. The direct costs summarized on this form are derived from CB-2 and are carried forward to form FAM-27.

School districts and local offices of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. Community college districts have the option of using a federally approved rate (i.e., utilizing the cost accounting principles from the Office of Management and Budget Circular A-21), or form FAM-29C. The cost data on this form is carried forward to form FAM-27.

**C. Form FAM-27, Claim for Payment**

Form FAM-27 contains a certification that must be signed by an authorized representative of the district. All applicable information from form CB-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

**Illustration of Claim Forms**



**CLAIM FOR PAYMENT**  
 Pursuant to Government Code Section 17561  
**COLLECTIVE BARGAINING**

For State Computer Use Only

(19) Program Number 00011  
 (20) Date File \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (21) LRS Input \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

H  
 E  
 R  
 E  
 I  
 M  
 B  
 E  
 R  
 S

(01) Claimant Identification Number \_\_\_\_\_

(02) Mailing Address \_\_\_\_\_

Claimant Name \_\_\_\_\_

County of Location \_\_\_\_\_

Street Address or P. O., Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Reimbursement Claim Data**

(22) CB-1, (03)(1)(e) \_\_\_\_\_

(23) CB-1, (03)(2)(e) \_\_\_\_\_

(24) CB-1, (03)(3)(e) \_\_\_\_\_

(25) CB-1, (03)(4)(e) \_\_\_\_\_

(26) CB-1, (03)(5)(e) \_\_\_\_\_

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27) CB-1, (03)(6)(e)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) CB-1, (04)(d)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) CB-1, (04)(e)
			(30) CB-1, (05)(e)
Fiscal Year of Cost	(06) 19__/___	(12) 19__/___	(31)
Total Claimed	(07)	(13)	(32)
Less: 10% Late Penalty, but not to exceed \$1000 (if applicable)		(14)	(33)
Less: Estimated Claim Payment Received		(15)	(34)
Net Claimed Amount		(16)	(35)
Due from State	(08)	(17)	(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 961, Statutes of 1975; 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 961, Statutes of 1975.

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 961, Statutes of 1975, set forth on the attached statements.

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_

(39) Name of Contact Person for Claim \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

<b>COLLECTIVE BARGAINING</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
--	------------------------------

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the place shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If estimate exceeds the previous fiscal year's actual costs by more than 10%, complete form CB-1 and enter the amount from line (11). If more than one form CB-1 is completed due to multiple department involvement in this mandate, add line (11) of each form CB-1.
- (08) Enter the same amount as shown in line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, 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 reimbursement claim from form CB-1, line (11). If more than one form CB-1 is completed due to multiple department involvement in this mandate, add line (11) of each form CB-1.
- (14) If a reimbursement claim is filed after November 30 of the fiscal year in which costs were incurred, the claim must be reduced by a late penalty. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If you are filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (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 in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (30) for the reimbursement claim [e.g., CB-1, (03), means the information is located on form CB-1, line (03). 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 cost percentage should be shown as a whole number and without the percent symbol (i.e., 7.548% should be shown as 8). The claim cannot be processed for payment unless this data block is correct and complete.
- (38) Read the statement "Certification of Claim." If the statement is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name of the person and telephone number that this office should contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

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

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursement 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 Reimbursement Section  
Division of Accounting and Reporting  
3301 C Street, Suite 501  
Sacramento, CA 95816**

<b>MANDATED COSTS COLLECTIVE BARGAINING CLAIM SUMMARY</b>	<b>FORM CB-1</b>
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
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<b>Rodda Act Direct Costs</b>	<b>Cost Elements</b>
-------------------------------	----------------------

	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel	(d) Contracted Services	(e) Total
(03) Reimbursable Components					
1. Determination of Bargaining Units and Exclusive Representation					
2. Election of Unit Representation					
3. Cost of Negotiations					
4. Impasse Proceedings					
5. Contract Administration					
(04) Total Rodda Act Direct Costs					

<b>Winton Act Direct Costs</b>
--------------------------------

(05) Base Year, 1974/75 Direct Costs					
(06) Base Year Direct Costs Adjusted by IPD					[Line (05)(e) x 2.841] for 1996/97 f.y.
(07) Increased Direct Costs					[Line (04)(e) - line (06)]

<b>Indirect Costs</b>
-----------------------

(08) Total Rodda Act Direct Costs less Contracted Services		[Line (04)(e) - line (04)(d)]	
(09) Base Year Costs less Contracted Services adjusted by IPD		[(Line (05)(e) - line (05)(d)) x 2.841]	
(10) Increased Direct Costs less Contracted Services		[Line (08) - line (09)]	
(11) Indirect Cost Rate		From J-380, J-580 or FAM-27C	%
(12) Increased Indirect Costs		[Line (10) x line (11)]	
(13) Total Increased Direct and Indirect Costs		[Line (07) + line (12)]	

<b>Cost Reduction</b>
-----------------------

(14) Less: Offsetting Savings, if applicable		
(15) Less: Other Reimbursements, if applicable		
(16) Total Claimed Amount		[Line (13) - (Line (14) + line (15))]

<b>COLLECTIVE BARGAINING</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>CB-1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form CB-1 must be filed for a reimbursement claim. Do not complete form CB-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CB-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) For each of the reimbursable components, enter the total allowable cost from form CB-2, line (05) columns (d) through (g) onto form CB-1, block (03), lines (1) through (6), columns (a) through (d). Total each line and enter in column (e).
- (04) Add columns (d) and (e) for Cost Elements, block (03) and enter the totals on this line.
- (05) Method A. Enter the 1974/75 Winton Act (base year) costs on line (05)(e). Enter on line (05)(d) any contracted services costs included in line (05)(e).
- Method B. Enter the amount from form CB-1.1, line (04)(b) onto line (05)(e). Enter on line (05)(d) any contracted services costs included in line (05)(e).
- (06) Method A. Multiply the base year cost on line (05)(e) by the implicit price deflator (IPD). The 1996/97 implicit price deflator is 2.841.
- Method B. Enter the amount from form CB-1.1, line (04)(d).
- (07) Subtract the Base Year Direct Costs Adjusted by the Implicit Price Deflator, line (06), from Total Rodda Act Direct Cost, line (04)(e).
- (08) Subtract Total Contracted Services, line (04)(d), from Total Rodda Act Direct Costs, line (04)(e).
- (09) Subtract Base Year Contracted Services, line (05)(d) from Base Year, 1974/75 Direct Costs, line (05)(e) and multiply the remainder by the Implicit Price Deflator.
- (10) Subtract Base Year Costs less Contracted Services adjusted by IPD, line (09) from Total Rodda Act Direct Costs less Contracted Services, line (08).
- (11) Enter the indirect cost rate. School districts (K-12) may compute the amount of indirect costs to claim by multiplying their total direct costs by the State Department of Education forms J-380 or J-580 rate applicable to the fiscal year of costs. Community college districts may use the federally approved OMB A-21 rate, or the rate computed using form FAM-29C.
- (12) Multiply Incremental Direct Costs less Contracted Services, line (10), by Indirect Cost Rate, line (11).
- (13) Enter the sum of Incremental Costs, line (07), and Incremental Indirect Costs, line (12).
- (14) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (15) Less: Other Reimbursements, if applicable. Enter the amount of fees that could have been collected by the school district as authorized under the California Public Records Act (Government Code § 6250 et. seq.) for providing information requested by interested persons regarding its schools. In addition, enter the amount of any other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds, etc.,) which reimbursed any portion of the mandated cost program. Submit a detailed schedule of the reimbursement sources and amounts.
- (16) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (14), and Other Reimbursements, line (15), from Total Increased Direct and Indirect Costs, line (13). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

<b>MANDATED COSTS COLLECTIVE BARGAINING DETERMINING WINTON ACT COSTS</b>		<b>FORM CB-1.1</b>
(01) Claimant	(02) Fiscal Year 19__/__	

**NOTE:** Beginning with the 1992/93 claims, a school district has the option of using Method A or Method B for this segment of the claim to determine increased costs due to the Rodda Act.

Method A: School districts have been using this method in previous fiscal years to determine increased costs. The school district reduces the current Rodda Act costs by the total 1974/75 Winton Act (base year) cost adjusted by annual changes in the implicit price deflator. Rodda Act costs in excess of the adjusted Winton Act costs are claimable. If a school district chooses to continue with this method, do not complete form CB-1.1.

Method B: This method is new. It may be advantageous for a school district to use this method if the district can provide cost documentation for each 1974/75 Winton Act cost component listed below. The Rodda Act has the three similar matching cost components. Under each matched component, report only the amount of Winton Act costs adjusted by changes in the implicit price deflator for which current Rodda Act costs exist. Examples: (1) If the Rodda Act costs exceed the adjusted Winton Act costs for the component, all Winton Act costs of the component must be reported for purposes of reducing the Rodda Act costs. (2) If the adjusted Winton Act costs exceed current Rodda Act costs for the component, residual Winton Act costs do not have to be applied against current Rodda Act costs of other components. If Method B is chosen, the claimant must complete the following:

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs are being filed.
- (03) Complete the following schedule to determine the amount of Winton Act base year costs for offset against the current Rodda Act costs.
  - (a) Enter in column (a) the current Rodda Act costs for each of the three cost components, if any.
  - (b) Enter in column (b) the amount of 1974/75 Winton Act costs applicable to each of the three components. The total on line (4) column (b) should be the same as shown on form CB-1, line (5)(e).
  - (c) Enter in column (c) the product of multiplying the 1974/75 Winton Act cost component in column (b) by the implicit price deflator specified for the fiscal year of the claim.
  - (d) Enter in each row, column (d), the lesser amount of column (a) or column (c). Total column (d) and forward the amount to form CB-1, line (06).

Similar Cost Components of the Rodda Act and Winton Act	(a) Current Rodda Act Costs	(b) 1974/75 Winton Act Costs Applied	(c) 1974/75 Winton Act Costs Adjusted by IPD	(d) Winton Act Costs to be Applied
1. Determination of Bargaining and Exclusive Representation	\$	\$	\$	\$
2. Election of Unit Representation				
3. Meet and Confer (Cost of Negotiations)				
4. Totals	\$	\$	\$	\$

<b>MANDATED COSTS COLLECTIVE BARGAINING COMPONENT/ACTIVITY COST DETAIL</b>	<b>FORM CB-2</b>
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(01) Claimant	(02) Fiscal Year Costs Were Incurred
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> 1. Determination of Bargaining Units and Exclusive Representation	<input type="checkbox"/> 4. Election of Unit Representation
<input type="checkbox"/> 2. Cost of Negotiations	<input type="checkbox"/> 5. Contract Administration
<input type="checkbox"/> 3. Impasse Proceedings	<input type="checkbox"/> 6. Unfair Labor Practice Charges

(04) Description of Expenses: Complete columns (a) through (g).	<b>Object Accounts</b>
---	------------------------

(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	(g) Travel

(05) Total <input style="width: 40px;" type="text"/>	Subtotal <input style="width: 40px;" type="text"/>	Page: _____ of _____	
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**COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL  
Instructions**

FORM  
CB-2

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CB-2 shall be prepared for each component which applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in line (03), enter the employee names, position titles, a brief description of their activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contracted services, etc. For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

Object/ Subobject Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked				
Benefits	Title  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			
Contracted Services	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Itemized Cost for Services Performed		Invoice
Travel	Purpose of Trip Name and Title  Departure and Return Date	Per Diem Rate Mileage Rate  Transportation Cost	Days Miles  Transportation Mode				Rate x Days or Miles Total Transportation Cost	

- (05) Total line (04), columns (d), (e), (f) and (g) 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 for the component/activity, number each page. Enter totals from line (05), columns (d), (e), (f) and (g) to form CB-1, block (04); columns (a), (b), (c) and (d).



**CLAIM FOR PAYMENT**  
Pursuant to Government Code Section 17561  
**COLLECTIVE BARGAINING**

For State Controller Use Only

(19) Program Number 000  
(20) Date File \_\_\_/\_\_\_/\_\_\_  
(21) Signature Present \_\_\_

1) Claimant Identification Number. S43060			Reimbursement Claim Data			
U S E L A B E L	(02) Mailing Address 5055 Santa Teresa Blvd.		(22)	CB-1(03)(1)(e)	\$0.00	
	Claimant Name Gavilan Joint Community College District		(23)	CB-1(03)(2)(e)	\$0.00	
	County of Location Santa Clara County		(24)	CB-1(03)(3)(e)	\$158,956.00	
	Street Address or P.O. Box 5055 Santa Teresa Blvd.		(25)	CB-1(03)(4)(e)	\$63,152.00	
	City Gilroy	Stat CA	Zip Code 95020	(26)	CB-1(03)(5)(e)	\$22,891.00
	Type of Claim	Estimated Claim	Reimbursement Claim	(27)	CB-1(03)(6)(e)	\$102,672.00
		(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(28)	CB-1(11)	7.0%
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)		
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)		
	Fiscal Year of Cost	(06) 1996/97	(12) 1995/96	(31)		
Total Claimed Amount	(07) \$300,000.00	(13) \$348,966.00	(32)			
Less: 10% Late Penalty, but not to exceed \$1000 (if applicable)		(14) \$0.00	(33)			
Less: Estimated Payment Received		(15) \$275,000.00	(34)			
Net Claimed Amount		(16) \$73,966.00	(35)			
Amount claimed from State	(08) \$300,000.00	(17) \$73,966.00	(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 961, Statutes of 1975, 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 were no applications for nor any grant or payments 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 961, Statutes of 1975.

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 961, Statutes of 1975, set forth on the attached statements.

Signature of Authorized Representative: Steven M. Kinsella Date: 25-Nov-96

Steven Kinsella Dean of Business Services  
Type or Print Name Title

(39) Name of Contact Person for Claim: Steven Kinsella Telephone Number: (408) 848-4715 Ext.

**MANDATED COSTS  
COLLECTIVE BARGAINING  
CLAIM SUMMARY**

**FORM  
CB-1**

(01) Claimant: Cavilan Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year: 1995/96
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<b>Rodda Act Direct Costs</b>	<b>Cost Elements</b>				
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(03) Reimbursable Components:	(a) Salaries and Benefits	(b) Transportation and Travel	(c) Supplies	(d) Contracted Services	(e) Total
1. Determination of Bargaining and Exclusive Representation.					\$0
2. Election of Unit Representation.					\$0
3. Cost of Negotiations.	\$27,934.70	\$1,080.80	\$6,373.19	\$123,567.65	\$158,956.34
4. Impasse Proceedings.	11918.95	0.00	3412.70	47820.00	63151.65
5. Contract Administration.	2703.95	0.00	1039.19	19147.50	22890.64
6. Unfair Labor Practices.	0.00	0.00	5029.71	97642.50	102672.21
<b>(04) Total Rodda Act Direct Costs</b>	<b>\$42,557.59</b>	<b>\$1,080.80</b>	<b>\$15,854.79</b>	<b>\$288,177.65</b>	<b>\$347,670.83</b>

**WINTON ACT DIRECT COSTS**

(05) Base Year, 1974/75 Direct Costs	\$500.00	\$0.00	\$0.00	\$500.00	\$1,000.00
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(06) Base Year Direct Costs Adjusted by 1995/96	GNP Deflator: Line (05)(e)x 2.772			\$2,772.00
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(07) Increased Direct Costs	Line (04)(e)-line (06)			\$344,898.83
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**Indirect Costs**

(08) Total Rodda Act Direct Costs less Contracted Services:	Line (04)(e)-line (4)(d)			\$59,493.18
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(09) Base Year Costs less Contracted Services adjusted by GNP	: {[Line (05)(e)-line (05)(d)]x 2.772 }			\$1,386.00
---	---	--	--	------------

(10) Increased Direct Costs less Contracted Services	Line (08)-line (09)			\$58,107.18
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(11) Indirect Cost Rate	From J380			7.0%
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(12) Increased Indirect Costs	Line (10) x line (11)			\$4,067.50
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(13) Total Increased Direct and Indirect Costs	Line (07) + line (12)			\$348,966.33
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**Cost Reduction**

(14) Less: Offset Savings, if applicable	\$0.00
--	--------

(15) Less: Other Reimbursements, if applicable	\$0.00
--	--------

(16) Total Claimed Amount:	{Line (13)-([Line(14) + line(15)])}	<b>\$348,966.33</b>
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**MANDATED COSTS  
COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
CB-2**

(01) Claimant: Gavilan Joint Community College District (02) Fiscal Year costs were incurred: 1995/96

Reimbursable Component: **COST OF NEGOTIATIONS**

(a) Employee Name, Job Classification and Activity Performed or Description of Expense	Complete columns (a) through (g).			Cost Elements		
	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Transporta- tion and Travel	(f) Supplies	(g) Contracted Services
Representative's Contract Proposal						
Public Hearings						
Public Distribution of Proposed Contract						
District Contract Proposal						
Carol Cooper                      Assoc. Dean	49.29	68.8	3388.69			
Kent Child                        Assoc. Dean	47.99	83.5	4007.17			
Lucha Ortega                    Affirm. Action Off	49.72	86.0	4275.92			
Karen Mc Cracken                Admin. Sec.	21.09	84.0	1771.56			
Suzanne Bulle                    Admin. Sec.	22.81	84.0	1916.04			

**MANDATED COSTS  
COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
CB-2**

(01) Claimant: Gavilan Joint Community College District (02) Fiscal Year costs were incurred: 1995/96

3) Reimbursable Component: COST OF NEGOTIATIONS

(04) Description of Expense: Complete columns (a) through (g).				Cost Elements		
(a) Employee Name, Job Classification and Activity Performed or Description of Expense	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Transporta- tion and Travel	(f) Supplies	(g) Contracted Services
<b>Planning Sessions</b>						
Carol Cooper	Assoc. Dean	\$49.29	5.5	\$271.10		
Kent Child	Assoc. Dean	47.99	3.0	143.97		
Larry Carrier	Dean of Business	56.38	8.0	451.04		
Marcia Hannum	Admin. Sec.	22.45	104.3	2340.41		
John Hansell	Direct. of Learning	44.11	14.3	628.57		
Jack Harpster	Dean of Business	47.47	47.0	2231.09		
Dr. Glenn Mayle	Superintendent	66.58	42.3	2813.01		
Dr. Rose Marie Joyce	Dean of Instruction	51.87	10.3	531.67		
Lucha Ortega	Affirm. Action Off.	49.72	10.5	522.06		
Dr. TJ Owens	Dean of Std. Serv.	51.87	1.0	51.87		
Vavrinek, Trine, Day & Co.	Consultants inv. #60560 inv. #60913 inv.#61413 inv. #61414 Travel & Mileage					5043.10 22810.05 9926.35 9716.90
Ruiz & Shapiro, Attorney		100.00 85.00	726.5 40.3		1080.80	6373.19 72650.00 3421.25
<b>"At The Table" Negotiations - Certificated</b>						
Kent Child	Assoc. Dean	47.99	13.5	647.87		
Carol Cooper	Assoc. Dean	49.29	11.0	542.19		
Dates of Negotiations	3/15/96 3/22/96 4/8/96 4/16/96 4/22/96					
<b>"At The Table" Negotiations - Classified</b>						
John Hansell	Direct. of Learning	44.11	26.8	1179.94		
Dates of Negotiations	7/11/95 7/24/95 7/27/95 10/27/95 12/7/95					
<b>Public Distribution of Final Contract</b>						
John Hansell	Direct. of Learning	44.11	5.0	220.55		
(05) Total	X Subtotal		Page 2 of 2	\$27,934.70	\$1,080.80	\$6,373.19 \$123,567.65

**MANDATED COSTS  
COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
CB-2**

(01) Claimant: Gavilan Joint Community College District (02) Fiscal Year costs were incurred: 1995/96

(3) Reimbursable Component: IMPASSE PROCEEDINGS

(04) Description of Expense:			Cost Elements			
(a) Employee Name, Job Classification and Activity Performed or Description of Expense	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Transporta- tion and Travel	(f) Supplies	(g) Contracted Services
Mediation Sessions						
Fact Finding						
Dr. Glenn Mayle Superintendent	66.58	75.5	5026.79			
Larry Carrier Dean of Business	56.38	73.8	4158.03			
Dr. TJ Owens Dean of Std. Serv.	51.87	17.3	894.76			
Dr. Rose Marie Joyce Dean of Instruction	51.87	7.5	389.03			
Lucha Ortega Affirm. Action Off.	49.72	16.8	832.81			
John Hansell Direct. of Learning	44.11	14.0	617.54			
Ruiz & Shapiro, Attorney					3412.70	
	100.00	89.8				8975.00
	85.00	457.0				38845.00
(05) Total	X	Subtotal	\$11,918.95		\$3,412.70	\$47,820.00

**MANDATED COSTS  
COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
CB-2**

(01) Claimant: Gavilan Joint Community College District (02) Fiscal Year costs were incurred: 1995/96

(03) Reimbursable Component: **CONTRACT ADMINISTRATION**

(04) Description of Expense:			Complete columns (a) through (g).			
(a) Employee Name, Job Classification and Activity Performed or Description of Expense	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Transporta- tion and Travel	(f) Supplies	(g) Contracted Services
<b>Grievances</b>						
Howard Bell						
Dr. TJ Owens						
	Maint & Oper. Suprv	\$31.84	4.0	\$127.36		
	Dean of Std. Serv.	51.87	41.5	2152.61		
<b>Training Sessions</b>						
Dr. Rose Marie Joyce	Dean of Instruction	51.87	6.0	311.22		
<b>Contract Disputes Presented Before PERB</b>						
Larry Carrier	Dean of Business	56.38	2.0	112.76		

**MANDATED COSTS  
COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
CB-2**

(1) Claimant: Gavilan Joint Community College District (02) Fiscal Year costs were incurred: 1995/96

Reimbursable Component: CONTRACT ADMINISTRATION

(a) Employee Name, Job Classification and Activity Performed or Description of Expense	Complete columns (a) through (g).		Cost Elements			
	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Transporta- tion and Travel	(f) Supplies	(g) Contracted Services
Appeal of PERB Ruling						
Contract Interpretation						
Ruiz & Shapiro, Attorney	100.00 85.00	69.5 143.5			1039.19	6950.00 12197.50
(05) Total	X	Subtotal	\$2,703.95		\$1,039.19	\$19,147.50

**MANDATED COSTS  
COLLECTIVE BARGAINING  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
CB-2**

(01) Claimant: Gavilan Joint Community College District (02) Fiscal Year costs were incurred: 1995/96

(03) Reimbursable Component: UNFAIR LABOR PRACTICE

(a) Employee Name, Job Classification and Activity Performed or Description of Expense	Complete columns (a) through (g).		Cost Elements			
	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Transporta- tion and Travel	(f) Supplies	(g) Contracted Services
Unfair Labor Practice Presented to PERB						
Ruiz & Shapiro, Attorney	100.00	644.5			\$5,029.71	64450.00
	85.00	390.5				33192.50
Appeal of PERB Ruling						

(05) Total X Subtotal \_\_\_\_\_ Page 1 of 1 \$5,029.71 \$97,642.50