



Board of Administration
California Public Employees' Retirement System

Policy for Approval of Reimbursement to State, School and
Public Agency Employers of Board Members

REQUEST FOR EMPLOYER REIMBURSEMENT FORM

To be submitted to CalPERS Financial Reporting and Accounting Services (FRAS) Admin
Accounts Payable Unit

Name of Board Member: _____

Name of State, School, or
Public Agency Employer: _____

Request Period: _____

I request that CalPERS approve reimbursing my employer for the salary and benefits paid to me while I am fulfilling my responsibilities and duties as an elected CalPERS board member.

In making this request, I certify that for the period of _____ to _____, I spent _____ hours fulfilling my responsibilities and duties as an elected CalPERS board member, as follows:

Check Those That Apply	Category	Hours	No. of Months	Total
X	Baseline hours	105	x	
	Serving as Board President	46	x	
	Serving as Chair of a Standing Committee	9	x	
	Serving as Chair of an Ad Hoc Committee or Subcommittee	6	x	
	Serving as Vice President of the Board	5	x	
	Serving as Vice Chair of a Standing Committee	3	x	

