

## **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 Executive Office Board Member Services Unit

| Name of Board Member:  |           |  |  |  |  |  |
|--|-----------|--|--|--|--|--|
| Name of State, School, or Public Agency Employer:  |           |  |  |  |  |  |
| Request Period:  |           |  |  |  |  |  |
| I request that CaIPERS approve reimbursing my employer for the salary and benefits paid to me while I am fulfilling my responsibilities and duties as an elected CaIPERS Board member. |           |  |  |  |  |  |
| In making this request, I certify that for the period of to to, I spent hours fulfilling my responsibilities and d   | luties as |  |  |  |  |  |
| an elected CalPERS Board member, as follows:   |           |  |  |  |  |  |

| Check Those<br>That Apply | Category   | Hours |   | No. of<br>Months | Total |
|---------------------------|--|-------|---|------------------|-------|
| X                         | Baseline hours   | 105   | Х |                  |       |
|                           | Serving As Board President                                 | 46    | х |                  |       |
|                           | Serving As Chair of a Standing<br>Committee                | 9     | Х |                  |       |
|                           | Serving As Chair of an Ad Hoc<br>Committee or Subcommittee | 6     | Х |                  |       |
|                           | Serving as Vice President of the Board                     | 5     | х |                  |       |
|                           | Serving as Vice Chair of a Standing Committee              | 3     | х |                  |       |

|  | Attached is documentation for those hours spent on fulfilling the following additional Board duties: |        |  |  |   |  |             |      |  |
|--|--|--------|--|--|---|--|-------------|------|--|
|  | 1.   |        |  |  |   |  |             |      |  |
|  | 2.   |        |  |  |   |  |             |      |  |
|  | 3.   |        |  |  |   |  |             |      |  |
|  | 4.   |        |  |  |   |  |             |      |  |
|  | 5.   |        |  |  |   |  |             |      |  |
|  | 1  |        |  |  |   | -  | Total hours | :    |  |
|  |  |        |  |  |   |  |             |      |  |
|  | Sig  | nature |  |  | - |  | Da          | ate  |  |
| The employer shall submit an invoice requesting reimbursement, to the Financial Office (FINO), on a quarterly basis not later than 30 days after the end of the quarter, and apply the annual percentage to salary and benefits paid to this Board member per the MOU. FINO submits the invoice to BSU for review and approval. BSU submits approved invoice, with the Request for Employer Reimbursement form attached, to FINO. The employer (via invoice) and Board Member (via the Request for Employer Reimbursement Form) shall certify that the amount of reimbursement requested constitutes the correct amount. |  |        |  |  |   |  |             |      |  |
|  |  |        |  |  |   | ursement form to the<br>fficer or designee fo          |             | hief |  |
|  |  |        |  |  |   |  |             |      |  |
|  |  |        |  |  |   | Information cont<br>been reviewed at<br>Services Unit. |             |      |  |
|  |  |        |  |  |   | Reviewed by  | <del></del> | Date |  |
|  |  |        |  |  |   |  |             |      |  |