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 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		

	Attached is documentation for those hours spent on fulfilling the following additional Board duties:	
	1.	
	2.	
	3.	
	4.	
	5.	
	Total hours:	

_____   _____
                    Signature   Date

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.

FINO submits the invoice and Request for Employer Reimbursement form to the CalPERS Chief Financial Officer for review and CalPERS Chief Executive Officer or designee for approval.

Information contained herein have been reviewed and verified by Board Services Unit.

_____   _____
Reviewed by   Date

Rev. 4/07, 8/07, 8/10, 4/14, 4/15