



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	

