



**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	

	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 FRAS Admin Accounts Payable Unit, 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. FRAS submits the invoice to Board Services Unit (BSU) for review and approval. BSU submits approved invoice, with the Request for Employer Reimbursement form attached, to FRAS. 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.

FRAS submits the invoice and Request for Employer Reimbursement form to the CalPERS Chief Financial Officer for review and approval.

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

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date