



California Public Employees' Retirement System
P.O. Box 942703
Sacramento, CA 94229-2703
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www.calpers.ca.gov

Date: May 7, 2019

MEMORANDUM OF UNDERSTANDING (MOU)

To: NAPA VALLEY UNIFIED SCHOOL DISTRICT
Accounting Department
2425 Jefferson Street
Napa, CA 94558

From: Michael Cohen
Chief Financial Officer

Subject: **BOARD MEMBER EMPLOYER REIMBURSEMENT
FOR ROB FECKNER EFFECTIVE MARCH 19, 2019**

This is an agreement between Napa Valley Unified School District, and the California Public Employees' Retirement System, hereinafter called CalPERS.

I. PURPOSE

This MOU is to notify the employer of a CalPERS elected Board Member of the procedure regarding the Board Member Employer Reimbursement of salary and benefits paid for the percentage of time the elected board member is on leave from the employing agency.

II. REIMBURSEMENT RATE

Effective March 19, 2019, the CalPERS Board approved a maximum allowable reimbursement rate of **92 percent**. The employer will be reimbursed up to **92 percent** of total salary and benefit expenses, which is paid to the employee while the employee is conducting CalPERS Board related activities. The maximum allowable reimbursement percentage is effective as of the date of the change in Board position, committee assignment, or other assignment as approved by the CalPERS Board.

III. PROCEDURES

To initiate the reimbursement process, the employer shall submit invoices (Attachment A) and the Board Member shall submit the Request for Employer Reimbursement Form (Attachment B) to CalPERS' Board Services Unit for reimbursement on a quarterly basis no later than 30 days after the end of the applicable quarter. The employer shall apply the percentage of time the Board Member spent performing CalPERS Board

duties each month to the salary and benefits paid. The invoices must include the items below:

- Board Member employer name and address
- Board Member name
- Billing period
- Total salary and benefits paid to the Board Member during each month of the applicable quarter
- Reimbursement percentage
- Requested reimbursement amount
- Board Member Employer contact information

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. If the employer fails to submit a timely invoice, the employer will forfeit the right to reimbursement from CalPERS.

Signature

Date

Print Name

Title

Attachment

Board Member Employer

Accounting Dept.

Street Address

City, State, Zip

Phone #:

Fax #:

www.website.com

Invoice #:

Date:

TO: PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 Administrative Accounting
 Attn: Melissa Bryant, Accounts Payable Supervisor
 PO Box 942703
 Sacramento, CA 94229-2703

DESCRIPTION:***Board Member Employer Reimbursement***

Board Member: _____

Billing Period: _____

Salary and Benefits:

Month 1Month 2Month 3

Salary:

Benefits:

Total Salary and benefits:

Reimbursement Percentage:
 (Hours spent performing Board duties
 / Months full-time equivalent hours)

Requested Reimbursement:

TOTAL REQUESTED REIMBURSEMENT: _____

Employer contact:

Name/Title: _____

Phone Number: _____

Employer: _____



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