

DEPARTMENT: Sheriff

BY: Brian Muller
PHONE: 966-3615

RECOMMENDED ACTION AND JUSTIFICATION: Request approval for sheriff's office staff to donate accrued vacation time to the sick leave account of a sheriff's office employee.

Due to a medical condition, it will be necessary for the Sheriff's Department Evidence Technician to take time off work for an extended period of time beginning some time in October (Exact date of surgery has not been finalized). Because the employee does not have sufficient sick leave and vacation hours accrued to cover the time that he will be off work, it is requested that sheriff's office staff be permitted to donate accrued vacation to the employee's sick leave bank.

BACKGROUND AND HISTORY OF BOARD ACTIONS: Similar requests have been approved in the past.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: If donations are not permitted, the employee may run out of accrued sick and vacation time before receiving clearance to return to work.

| | | | |
|---|------------------|---------------------|----------------------------|
| Financial Impact? () Yes | (X) No | Current FY Cost: \$ | Annual Recurring Cost: \$0 |
| Budgeted In Current FY? () Yes () No () Partially Funded | | | |
| Amount in Budget: | _____ | | _____ |
| Additional Funding Needed: | _____ | | _____ |
| Source | | | _____ |
| Internal Transfer | _____ | | _____ |
| Unanticipated Revenue | _____ 4/5's Vote | | _____ |
| Transfer Between Funds | _____ 4/5's Vote | | _____ |
| Contingency | _____ 4/5's Vote | | _____ |
| () General () Other | | | _____ |

CLERK'S USE ONLY:

Res. No.: 06-483 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
MW Approved
() Minute Order Attached () No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

_____ Requested Action Recommended
_____ No Opinion
Comments:

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

CAO: *JA*