

DEPARTMENT: Assessor-Recorder

BY: Robert Lowrimore  
PHONE: 966-2332

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully recommended that the Board authorize Mariposa County Employees to donate vacation time to an Assessment Recording Clerk .

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board has a history of assisting county employees who are injured or have become ill by allowing other employees to donate vacation time to them. We have an employee whose spouse has become quite ill, thus making it necessary for her to devote time away from her employment to care for him. Her husbands' surgery and short- term recovery will allow her to return to a normal work schedule in the near future.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Negative action regarding this request would result in our employee taking a reduction in pay, placing an additional burden on a single income family.

|   |                  |  |
|---|------------------|--|
| Financial Impact? ( ) Yes (X ) No                           | Current FY Cost: | Annual Recurring Cost:                       |
| Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded |                  |  |
| Amount in Budget: _____                                     | -                | List Attachments, number pages consecutively |
| 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.: 06-140 Ord. No. \_\_\_\_\_  
Vote - Ayes: 4 Noes: \_\_\_\_\_  
Absent: King  
May Approved  
( ) Minute Order Attached ( ) No Action Necessary

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

**COUNTY ADMINISTRATIVE OFFICER:**

\_\_\_\_\_ Requested Action Recommended  
\_\_\_\_\_ No Opinion  
Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAO: [Signature]