

DEPARTMENT: Public Works/Roads

BY: Dana Hertfelder

PHONE: 966-5356

RECOMMENDED ACTION AND JUSTIFICATION:

Resolution approving a change in work hours for the Bushing Crew in the Road Division

The Brushing Crew consists of two full-time employees and two extra-help employees. This crew is requesting to work a 9/80 schedule during the winter months. Currently, the Road Division employees work 4/10 schedule during warm weather or longer daylight months (March 1 through October 31) and regular 5/days/8 hours during winter or shorter daylight months (November 1 through February 28).

The Brushing Crew utilizes the assistance provided by the California Department of Correction (CDC). The CDC is available during the hours of 7:00 a.m. and 3:30 p.m. daily. Changing the work hours of the Brushing Crew to the 9/80 schedule (7:00 a.m to 4:30 p.m.) will allow using the assistance of CDC for longer period of time.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has approved like requests in past for different divisions in the Public Works Department.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve. The Brushing Crew will work 5 days 8 hours weekly and lose the opportunity to utilize the California Department of Correction.

Financial Impact? () Yes () No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? (X) 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.: 05-492 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 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]