

96-120

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: 4-2-96
AGENDA ITEM NO.: 10

DEPARTMENT: Board BY: Mike Coffield PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Adopt this resolution transferring funds within the Board of Supervisors budget for extra help to cover behind an Office Assistant II position during an unscheduled medical leave.

The attached budget action form transfers salary savings from the Secretary position. The savings were accrued as a result of a vacancy in the position earlier this fiscal year. There is also a transfer of salary savings in the Office Assistance II position which will be accrued as a result of the unscheduled medical leave.

The requested action will fund extra help receptionist coverage for the Board of Supervisors, Clerk of the Board, Administration, County Counsel and Personnel functions.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

None on this request. The medical leave was unanticipated when the budget was adopted for this fiscal year.

Receptionist coverage is very important to the functions of this office to handle a high volume of telephone calls and walk-in traffic.

The extra help funds which were budgeted for the Board of Supervisors were for work study student assistance and have been expended for said purpose.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1) Approve as recommended.
- 2) Do not approve and provide direction for existing staff to handle receptionist coverage. Regular work duties and services would suffer.

COSTS: () Not Applicable

A. Budgeted current FY \$ 1,000

B. Total anticipated costs \$ 3,144

C. Required additional funding \$ 2,144

D. Internal transfers \$ 2,144

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues \$

B. Reserve for contingencies \$

C. Source description:

Balance in Reserve for Contingencies, if approved: \$

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:

Res. No.: 96-120 Ord. No. _____

Vote - Ayes: _____ Noes: _____

Absent: _____ Abstained: _____

Approved: _____ () Denied

() 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'S RECOMMENDATION:
This item on agenda as:

Recommended

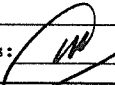
Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: _____

C.A.O. Initials: 

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	INCREASE	DECREASE
001	0101	411.01-85	Secretary		\$1,300
001	0101	411.01-99	Office Assistant II		844
001	0101	411.02-01	Extra Help	\$2,144	
001	0104	414-1090	GENERAL CONTINGENCY		
TOTALS					

ACTION REQUESTED: (Check all that apply)

- () Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget , or appropriating Reserve for Contingencies;
- (XX) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget another, or between categories within a budget unit;

JUSTIFICATION To fund extra help coverage behind an Office Assistant II position during an unscheduled medical leave

DEPT HEAD SIGNATURE _____ DATE _____

APPROVED BY RES NO. 96-120 CLERK hms DATE 4-2-96

<p align="center">AUDITOR'S USE ONLY BA #</p>
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