

DEPARTMENT: Child Support Services

BY: Marita Green
PHONE: 966-3400

RECOMMENDED ACTION AND JUSTIFICATION:

- (A) Approve a resolution increasing the allocation of one Child Support Specialist II from Permanent Part Time (80%) to full time effective February 1, 2003. Currently there are three Child Support Specialist II positions allocated to Child Support Services, one full time and two permanent part time (80%). In anticipation of filling the vacancy caused by the appointment of one 80% Specialist II to Director and the increased caseload tasks necessary to meet Federal and State Performance Measure expectations, an increase in the allocation is recommended.
- (B) Authorize the Department of Child Support Services to over-hire for the Child Support Specialist position effective February 1, 2003 through February 28, 2003. This will allow adequate training time to ensure continuation of activities associated with maintaining a caseload and administration of the Child Support Program.
- (C) Approve budget action transferring funds within the Child Support Services Budget Unit in the amount of \$1,400. The State allocation of funds for the Child Support Program is adequate to cover the increase in salaries.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The board has previously made changes in allocation of positions and recently authorized the Department of Child Support Services to over-hire for training purposes, Res. No. 02-415.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1. Approve
- 2. Provide alternative direction

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: \$		Budget Action
Source:		
Internal Transfer \$1,400		
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.: 03-24 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 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: *[Signature]*

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0207	515-0113	Child Support Attorney			1,400
001	0207	515-0159	Child Support Specialist		1,400	
0001	0104	414-1090	GENERAL CONTINGENCY			
				TOTAL	1,400	1,400
TRANSFER BETWEEN FUNDS						
TOTALS					1,400	1,400

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 transferring appropriation from Contingencies
- (x) Transfer by Board of Supervisors (3/5ths Vote Required) -- Moving existing appropriations from one budget to another, or between categories within a budget unit

JUSTIFICATION:
 Transfer funds from one salary line item to another so that salary of over-filled position will be paid correctly.

Marita Green 11/7/03
DEPT. HEAD SIGNATURE **DATE**

APPROVED BY RES. NO. 03-24 **CLERK** mm **DATE** 1-21-03

AUDITOR'S USE ONLY
 BA #