MARIPOSA COUNTY BOARD OF SUPERVISORS

AGENDA ACTION FORM

DATE: May 15, 2001

DEPARTMENT: Personnel

By: Jeffrey G. Green

PHONE: 209/966-3222

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

Authorize the District Attorney’s Office to overfill the Legal Secretary position in the Family Support Division as the incumbent Legal Secretary will be retiring on July 6, 2001. This is a critical position in Family Support and it is imperative that adequate training time is in place prior to the incumbent’s retiring. Overfilling this position will ensure the continuity of processing the complex legal documents and other processes performed by the incumbent. There is no impact on the budget as the department will be using salary savings from the vacant Office Assistant II position to fund the overfill.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously authorized overfills for other departments.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- Adopt this action as proposed.
- Amend this action as the Board desires and adopt.
- Do not approve this action. A negative action would result in loss of continuity in a key position within this department.

COSTS: ( ) Not Applicable

A. Budgeted current FY

B. Total anticipated costs

C. Required additional funding

D. Internal transfers $2,217

SOURCE: ( ) 4/5ths Vote Required

A. Unanticipated revenues

B. Reserve for contingencies

C. Source description: Salary savings

Balance in Reserve for Contingencies, if approved: $

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

Budget Action Form.

CLERK’S USE ONLY:

Res. No.: 01-142

Vote - Ayes: 4

Absent: 3

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

ADMINISTRATIVE OFFICER’S RECOMMENDATION:

This item on agenda as:

____ Recommended

____ Not Recommended

____ For Policy Determination

____ Submitted with Comment

____ Returned for Further Action

Comment: __________________________

A.O. Initials: ____________
### BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
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**TRANSFER BETWEEN FUNDS**

|      |          |           |                    |         |          |          |
|      |          |           |                    |         |          |          |

**TOTALS**

|      |          |           |                    |         |          |          |

**ACTION REQUESTED:**

- ( ) 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

- ( ) 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.

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**DEPT. HEAD SIGNATURE**

[Signature]

**APPROVED BY RES. NO.** 01-457

**CLERK**

**DATE** 5-15-01

**AUDITOR'S USE ONLY**

**BA #**

Budget Revision Form Revised 4/98