DEPARTMENT: Administration  BY: John W. McCamman  PHONE: 966-4744

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__  No_x)

Resolution Extending Personal Services Agreement with Health Officer for the period July 1, 1992 through September 30, 1992 and Transfer of Funds from Salaries to Professional Services/Health Officer

BACKGROUND AND HISTORY OF BOARD ACTIONS:
During budget hearings it is anticipated that permanent part-time employment will be approved and the Health Officer will be employed under this category. It was agreed that the personal services agreement with the Health Officer would be extended 90 days until after the budget hearings in order for the County to continue receiving the services of the Health Officer. The action was overlooked in June 1992 and is being brought before the Board at this time for approval.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Do not approve the extension; the Health Officer will not be paid for services already rendered and services needed in August and September.

COSTS:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>$50,000</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>$12,598</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td>$0</td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td>$12,598</td>
</tr>
</tbody>
</table>

SOURCE:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Unanticipated revenues</td>
<td>$</td>
</tr>
<tr>
<td>B. Reserve for contingencies</td>
<td>$</td>
</tr>
<tr>
<td>C. Source description:</td>
<td>Balance in Reserve for Contingencies, if approved: $</td>
</tr>
</tbody>
</table>

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

CLERK’S USE ONLY:
Res. No.: 48714  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

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: Jogli by pm
DEPT/DIV: Public Health          CONTACT: Dr. Charles B. Mosher
DATE: August 11, 1992          PHONE: 966-3689

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;

(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;

( ) Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)

( ) Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $50.00 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO.</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT (FROM)/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: Public Health</td>
<td>Health Officer 001-450-1-007</td>
<td>$12,498</td>
</tr>
<tr>
<td>To: Public Health</td>
<td>PS/Health Officer 001-450-2-183</td>
<td>$12,498</td>
</tr>
</tbody>
</table>

Justification: A personal services contract has been executed with Dr. Mosher, County Health Officer for a three month period pending negotiations for permanent part-time position. Payment must be made for this service from Professional Service line item.

Department Head Signature: [Signature] Date: 8-11-92
Approved By: Res. No. 92-484 Clerk: [Signature] Date: 8-11-92
Administrator: [Signature] Date: 
Auditor: [Signature] Date: 

AUDITOR'S USE ONLY:
Description: 
Transfer No.: 
B.R. No.: 

Budget Action Form Revised 5/92