

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x)
Approve participation in CSAC Workers' Compensation/Disability Retirement Project, authorize Chair to sign subscription form, and authorize payment of \$500 from the Workers' Compensation Fund.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

CSAC's Workers' Compensation and Disability Retirement Project is reviewing the provisions of the AB 276, the major reform package in Workers' Compensation, refining and maintaining a database for cost comparisons and supplying educational publications in Workers' Compensation as well as analyzing specific problem areas of Disability Retirement for future reform. The project presently has 24 member counties. The cost of membershis is \$500, which is a small price to pay to help in this endeavor. Staff recommends the Board approve participation and pay the fee of \$500 out of the Workers' Compensation Fund.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Approve participation in the endeavor.
2. Do not participate in the project.

COSTS: () Not Applicable
 A. Budgeted current FY \$ _____
 B. Total anticipated costs \$ 500.00
 C. Required Add'l funding \$ _____
 D. Source: _____

SPECIAL INSTRUCTIONS:
 List the attachments and number the pages consecutively:
 1. Letter of May 1, 1991 from Larry E. Naake, Chair CSAC Workers' Compensation Disability Retirement Proj.
 2. Subscription Form

SOURCE: () 4/5ths Vote Required
 A. Internal transfers \$ _____
 B. Unanticipated revenues \$ _____
 C. Reserve for contingency \$ _____
 D. Description: _____
 Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 91-208
 Ord. No.: _____
 Vote - Ayes: 4 Noes: _____
 Absent: None Abstained: _____
 Approved () Denied
 () Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
 ATTEST: MARGIE WILLIAMS
 Clerk of the Board of Supervisors
 County of Mariposa, State of CA
 By: _____
 Deputy

Comment: _____

 A.O. Initials: 