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 membership 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:_________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $_____
B. Unanticipated revenues $_____
C. Reserve for contingency $_____
D. Description:_____________________

Balance in Reserve for Contingencies, if approved: $________

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

CLERK’S USE ONLY:
Res. No.: 91-202
Ord. No.:_____
Vote - Ayes: 4  Noes: __
Absent: __  Abstained: __
Approved ( ) Denied ( )
Minute Order Attached

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

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:____________________

Action Form Revised 12/89