

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

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

Adopt this resolution accepting and approving the attached Memorandum of Understanding July 1, 1990 - June 30, 1993 between Mariposa County and Local 752, Service Employees International Union AFL/CIO, CLC, Mariposa County Employees Association Chapter.

BACKGROUND AND HISTORY OF BOARD ACTIONS: Pursuant to the terms and conditions set forth in the Mariposa County Employer-Employee Relations Policy adopted by Board of Supervisors Resolution No. 90-299, the Mariposa County negotiator has duly met and consulted with representatives of the Mariposa County Employees Association and Local 752, Service Employees International Union, to develop the attached up-dated Memorandum of Understanding. The Board previously has taken action implementing the salary and benefits set forth in the attached Memorandum of Understanding

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Adopt the resolution as recommended.
2. Do not adopt this resolution and be in violation of the terms and conditions previously approved by the Board.

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

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

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.: 91-302  
 Ord. No.: \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_ 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: [Signature]