DEPARTMENT: Auditor/Recorder
BY: Evelyn Billings
PHONE: 966-5719

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend transfer of funds to pay for 1988-89 Workers Compensation Audit. County must pay these charges and we do not know of them at the time the budget is prepared.

Additional Health Insurance for retirees due to employee negotiations.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has approved similar requests.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

None

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

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $1,661.2
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:

CLERK'S USE ONLY:
Res. No.: 90-132
Ord. No.: 
Vote - Ayes: ___ 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
BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq., the following Appropriations and/or Transfers within the Budget of the County of Mariposa are hereby adopted:

<table>
<thead>
<tr>
<th>Department</th>
<th>Item</th>
<th>Account No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appropriations (4/5ths Vote Required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Department</td>
<td>Item</td>
<td>Account No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gen Liability &amp; Property</td>
<td>019-220-2-101</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excess Workers Comp</td>
<td>019-220-2-107</td>
</tr>
<tr>
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<td>Gen Liability &amp; Prop</td>
<td>019-220-2-101</td>
</tr>
<tr>
<td></td>
<td>TRANSFERS (3/5ths Vote Required)</td>
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<tr>
<td></td>
<td>Department</td>
<td>Item</td>
<td>Account No.</td>
</tr>
<tr>
<td></td>
<td>From: Insurance</td>
<td>Gen Liability &amp; Property</td>
<td>019-220-2-101</td>
</tr>
<tr>
<td></td>
<td>To: Insurance</td>
<td>Excess Workers Comp</td>
<td>019-220-2-107</td>
</tr>
<tr>
<td></td>
<td>From: Insurance</td>
<td>Unemployment</td>
<td>019-220-2-104</td>
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<tr>
<td></td>
<td>To: Insurance</td>
<td>Group Health</td>
<td>019-220-1-152</td>
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<tr>
<td>MORTGAGEE</td>
<td>POLICY NUMBER</td>
<td>COMPANY</td>
<td>EFF. DATE</td>
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<tr>
<td></td>
<td>X-6732</td>
<td>General Reinsurance</td>
<td>7/1/88</td>
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</tbody>
</table>

**PROPERTY AND COVERAGE AMOUNT**

- Excess Workers Compensation
  - Audit 7/1/88-7/1/89

<table>
<thead>
<tr>
<th>Description</th>
<th>Premium Charge</th>
<th>Premium Credit</th>
</tr>
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<tbody>
<tr>
<td>Total</td>
<td>7,519.00</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>7,519.00</td>
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</tbody>
</table>

**PAY THIS AMOUNT**

- 7,519.00

**CREDIT DUE YOU**

- 7,519.00

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