

**DEPARTMENT:** Public Works/Facilities

**BY:** Dana S. Hertfelder  
**PHONE:** 966-5356

**RECOMMENDED ACTION AND JUSTIFICATION:**

Resolution Authorizing Mariposa County Employees to Donate Vacation and/or Compensatory Time to A co-worker in the Facilities Division of Public Works

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

In the past, the Board has assisted County employees who are injured or ill by allowing other employees to donate time to them. We have an employee, \_\_\_\_\_, who is very ill and has exhausted all of his accrued time; therefore, is in desperate need of hours. Public Works has been approached by his/her co-workers in an effort to assist him/her by donating some of their accrued time.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

There is no financial impact.

Financial Impact? ( ) Yes (x) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		_____
Source:		_____
Internal Transfer _____		_____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
( ) General ( ) Other		_____

**CLERK'S USE ONLY:**

Res. No.: 0736 Ord. No. \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_  
mw Approved  
( ) 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

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAO: [Signature]