

Aud. Mary P.O.

**MARIPOSA COUNTY
BOARD OF SUPERVISORS**

**AGENDA
ACTION FORM**

**DATE: 10/19/99
AGENDA ITEM NO.: 4**

DEPARTMENT: PROBATION

BY: GAIL A. NEAL

PHONE: (209) 966-3612

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

Approve transfer of funds from Probation, Deputy Probation Officer Salaries (001-0224-533.01-60) to Probation Overtime (001-0224-533.02-30) in the amount of \$1,000. Due to currently vacant Probation Officer positions, the remaining officers must assume additional on-call duties resulting in additional earned overtime. Because of less than a full staff, taking time off as comp creates a hardship on the department.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board approved a \$500 overtime budget in the Probation Departments 1999/2000 budget.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve transfer, which would require officers to use required comp time within the 45-day time frame. This would cause officers to assume the tasks of other officers while off duty.

COSTS: (x) Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ _____

C. Required additional funding \$ _____

D. Internal transfers \$ _____

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues \$ _____

B. Reserve for contingencies \$ _____

C. Source description: _____

Balance in Reserve for Contingencies, if approved: \$ _____

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

CLERK'S USE ONLY:

Res. No.: 99-300 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

Approved () Denied

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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: _____

C.A.O. Initials: [Signature]

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0224	533.01-60	Salaries-Dep Probation Officer			1,000
001	0224	533.02-30	Overtime		1,000	
001	0104	414-1090	GENERAL CONTINGENCY			
TRANSFER BETWEEN FUNDS						
TOTALS					1,000	1,000

ACTIONS REQUESTED: (Check all that apply)

() Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;

(X) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

JUSTIFICATION
To allow for overtime due to staff shortage.

DEPT HEAD SIGNATURE *Gail A. Neale* DATE 10/4/1999
 Acting Co-Chief Probation Officer

APPROVED BY RES NO. 99-320 CLERK *mmw* DATE 10-19-99

PROBATION

AUDITOR'S USE ONLY
 BA #