DEPARTMENT: Administration  BY: Mike Coffield  PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No x) Appropriation of Funds from Contingency Reserve to Administration ($57,891) for Payment of PERS Two Years Additional Service Credit

BACKGROUND AND HISTORY OF BOARD ACTIONS:
During and subsequent to the 1994/95 Budget Deliberations, four positions were eliminated and the incumbents were offered a "Golden Handshake" which allowed an additional two year service credit with retirement prior to December 30, 1994.

The cost of the "Golden Handshake" was estimated during budget for three individuals. However, a fourth individual was added after budget. Attached is a letter from PERS with the cost calculations for the Two Years Additional Service Credit for all four positions, which is $57,891.

This action transfers the funds from Contingency Reserve to the Administration benefits line item for payment of the invoice in full. $41,086 is recommended to come from the portion of Contingency Reserve dedicated to specific purposes, and the additional $16,805 is recommended to come from the "operating contingency."

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
The County committed to the Golden Handshake during the budget deliberations in September 1994. The County could extend the payments across three fiscal years at an additional interest charge of $6,469.

COSTS:  ( ) Not Applicable
A. Budgeted current FY $ 41,086
B. Total anticipated costs $ 57,891
C. Required additional funding $16,805
D. Internal transfers $

SOURCE: (x) 4/5ths Vote Required
A. Unanticipated revenues
B. Reserve for contingencies $57,891
C. Source description:
Balance in Reserve for Contingencies, (Operating Balance)
If approved: $57,891

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

CLERK'S USE ONLY:
Res. No. 91-60  Ord. No. 
A - Absent: 8
Approved ( ) Noes: 5
Abstained: ( ) 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:

A.O. Initials: [Signature]

2-13PERS  Action Form Revised 5/92
DEPT/DIV: Administration          CONTACT: Mike Coffield, CAO
DATE:  2/13/96                  PHONE:  966-3222

ACTION REQUESTED: (Check All That Apply)

( x) 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;

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

(  ) Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.)

(  ) Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under $50.00 to accommodate minor variations from the budget.

<table>
<thead>
<tr>
<th>FUND/DEPT/ACCT NO.</th>
<th>LINE ITEM DESCRIPTION</th>
<th>AMOUNT FROM/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-0104-414.1090</td>
<td>Contingency Reserve</td>
<td>(57,891)</td>
</tr>
<tr>
<td>001-0101-412.0301</td>
<td>Administration - Benefits</td>
<td>57,891</td>
</tr>
</tbody>
</table>

Justification: Appropriation of previously committed reserves for Golden Handshake opportunities during 1994/95 budget deliberations and subsequent elimination of four positions.

Department Head Signature: ___________________________ Date: ______

Approved By: Res. No. 96-60 Clerk: ___________________ Date: 2-13-96

Administrator: ___________________________ Date: ______

Auditor: ___________________________ Date: 2-5-96

AUDITOR'S USE ONLY:
Description: ___________________________ Transfer No.: ______

B.R. No.: ______

Budget Action Form Revised 5/92