

DEPARTMENT: County Counsel BY: Jeffrey G. Green PHONE: 966-3222

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

Recommendation to approve a 9/80 flex schedule for County Counsel staff by utilizing extra-help personnel as coverage on the flex day. The below workweek schedule outlines how the flex schedule would be implemented.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Secretary	off	9	9	9	9	9	off	Proposed hours are from 7:30 a.m. to 5:00 p.m. with a half hour lunch except on 8 hour days.
Extra Help	off	*	*	*	*	*	off	
Secretary	off	9	9	9	8	off	off	
Extra Help	off	*	*	*	*	8	off	
Secretary	off	9	9	9	9	9	off	
Extra Help	off	*	*	*	*	*	off	
Secretary	off	9	9	9	8	off	off	
Extra Help	off	*	*	*	*	8	off	

With implementation of the proposed schedule, this will enable staff to work more efficiently with Counsel as Counsel's work day begins between 7:00-7:30 a.m. The secretary's office is set up with one computer and one typewriter, therefore, having the Extra-Help person work on the flex day will allow the secretary's time to be used more efficiently as well as a more efficient use of the equipment. Revising the existing schedule will not adversely affect Counsel's office as the office will be staffed without interruption during the office hours of 8:00 a.m. to 5:00 p.m.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board has approved flex schedules for various County Departments.

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

- Approve flex schedule as proposed.
- Do not approve flex schedule; staff's workweek would remain status quo.

**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:

None.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLERK'S USE ONLY:**

Res. No.: 95-259 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: \_\_\_\_\_

A.O. Initials: [Signature]