

**RECOMMENDED ACTION AND JUSTIFICATION:**

(Policy Item: Yes \_\_\_ No )

Approve modifications to benefit levels for Elected Department Heads and authorize the Auditor to transfer appropriations as needed to meet costs.

Allowances for benefits such as medical, dental and vision insurance are lower for department heads than for their subordinate managers. The Board of Supervisors acted on February 16, 1999 to increase benefit levels for appointed department heads, but a separate action in open session is statutorily required to adjust benefit levels for elected department heads. The recommended changes affect the Sheriff, District Attorney, Auditor, Treasurer-Tax Collector, Assessor-Recorder and the Board of Supervisors. The recommended benefit levels align with those recently approved for the County's management employees. The proposed effective date is April 1, 1999.

For all department heads combined, the increased annual cost would be no more than \$35,000. The maximum cost for the balance of the 1998-99 year would be no more than \$8,750.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Benefit levels are subject to negotiation with represented employees. The County agreed to benefit increases in the last round of negotiations with rank-and-file and management employees.

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

Adjustments to benefit levels are at the discretion of the Board of Supervisors.

<b>COSTS:</b> ( ) Not Applicable A. Budgeted Current FY \$ B. Total Anticipated Costs \$8,750 C. Required Additional Funding \$ D. Internal Transfers \$ 8,750 <b>SOURCE:</b> ( ) 4/5ths Vote Required \$ A. Unanticipated Revenues \$ B. Reserve for Contingencies \$ C. Source Description: _____ Balance in Reserve for Contingencies ,if approved: _____		<b>SPECIAL INSTRUCTIONS:</b> List the attachments and number the pages consecutively: Recommended benefit allowances _____ _____ _____ _____ _____ _____
<b>CLERKS USE ONLY:</b> Res. No. <u>99-71</u> Ord. No. _____ Vote - Ayes: <u>3</u> Noes: _____ Absent: <u>Pickard</u> Abstained: <u>Parker</u> <input checked="" type="checkbox"/> Approved ( ) Denied <input type="checkbox"/> 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		<b>ADMINISTRATIVE OFFICER'S RECOMMENDATION:</b> This item on agenda as: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> For Policy Determination <input type="checkbox"/> Submitted with Comment <input type="checkbox"/> Returned for Further Action Comment: _____ _____ CAO's Initials: <u>JH</u>

RECOMMENDED  
BENEFIT LEVELS FOR ELECTED DEPARTMENT HEADS  
Effective April 1, 1999

	Per Month
MEDICAL	\$329.28
DENTAL	\$32.98
VISION	\$10.21
DEFERRED COMP.	\$218.36
TOTAL	\$590.83

Unused medical allowance may be applied to deferred compensation.  
Life insurance in the amount of \$50,000 is also provided.

APPROVED BY MARIPOSA COUNTY BOARD OF SUPERVISORS

DATE: 3-2-99

RESOLUTION: 99-71