

MARIPOSA COUNTY  
BOARD OF SUPERVISORS

AGENDA  
ACTION FORM

DATE: March 20, 1990  
AGENDA ITEM NO.: KA11

DEPARTMENT: Auditor/Recorder

BY: Evelyn Billings

PHONE: 966-5719

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend transfer of funds to pay for 1988-89 Workers Compensation Audit. County must pay these charges and we do not know of them at the time the budget is prepared.

Additional Health Insurance for retirees due to employee negotiations.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board has approved similar requests.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

None

COSTS: (✓) Not Applicable  
A. Budgeted current FY \$ \_\_\_\_\_  
B. Total anticipated costs \$ \_\_\_\_\_  
C. Required Add'l funding \$ \_\_\_\_\_  
D. Source: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE: ( ) 4/5ths Vote Required  
A. Internal transfers \$ 16,612  
B. Unanticipated revenues \$ \_\_\_\_\_  
C. Reserve for contingency \$ \_\_\_\_\_  
D. Description: \_\_\_\_\_  
Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

CLERK'S USE ONLY:  
Res. No.: 90-132  
Ord. No.: \_\_\_\_\_  
Vote - Ayes: 4 Noes: \_\_\_\_\_  
Absent: Patricia Abstained: \_\_\_\_\_  
know Approved ( ) Denied  
( ) Minute Order Attached

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)

The foregoing instrument is a correct copy of the original on file in this office.

Date: \_\_\_\_\_  
ATTEST: MARGIE WILLIAMS  
Clerk of the Board of Supervisors  
County of Mariposa, State of CA  
By: \_\_\_\_\_  
Deputy

BE IT RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that pursuant to the provisions of the Government Code of the State of California, Sections 29120 et seq., the following APPROPRIATIONS and/or TRANSFERS within the Budget of the County of Mariposa are hereby adopted:

Department                      APPROPRIATIONS (4/5ths Vote Required)  
Item                                      Account No.                      Amount

Department                      TRANSFERS (3/5ths Vote Required)  
Item                                      Account No.                      Amount

From: Insurance                      Gen Liability & Property                      019-220-2-101                      \$5,112  
To: Insurance                      Excess Workers Comp                      019-220-2-107                      \$5,112  
From: Insurance                      Gen Liability & Prop                      019-220-2-101                      \$7,842  
Insurance                      Unemployment                      019-220-2-104                      \$3,658  
To: Insurance                      Group Health                      019-220-1-152                      \$11,500

STATEMENT

6/89 kjm

County of Mariposa  
P.O. Box 1966  
Mariposa Ca 95338

### BONDSHU INSURANCE AGENCY

Four Generations of Insurance Service

Box 808

Phone 966-3818

MARIPOSA, CALIFORNIA 95338

MORTGAGEE

RETURN THIS PORTION WITH PAYMENT

POLICY NUMBER	COMPANY	EFF. DATE	EXP. DATE	AMOUNT
X-6732	General Reinsurance	7/1/88	7/1/89	7,519.00

PROPERTY AND COVERAGE AMOUNT

Excess Workers Compensation  
Audit 7/1/88-7/1/89

PREMIUM CHARGE

PREMIUM CREDIT

7,519.00

*General 68% 019-220-2-107 - 5,112.92*  
*Risk 18% 002-100-2-000 - 1,353.42*  
*Welfare 14% 019-490-2-100 - 1,052.66*

PAY THIS AMOUNT  
7,519.00

CREDIT DUE YOU