

DEPARTMENT: Human Services/BHRS

BY: Cheryle Rutherford-Kelly  
PHONE: 966-2000

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully recommended that your Board: (1) allow the department to enter into a professional service agreement with Carol Johnson, MSW Intern until such a time as she receives her transcripts from California State University, Fresno and receives an intern number from the Board of Behavioral Sciences in Sacramento at which time her application for a permanent position will be processed; (2) authorize your Chairman to sign the agreement; and (3) in the future authorize your Personnel Director to allow the Department to hire new MSWs contingent upon confirmation of the degree and proper background and reference checks. *Soc Worker IV's and Mental Health Clinicians with*

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Please see attachment.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Please see attachment.

Financial Impact? ( ) Yes ( ) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, numbered pages consecutively _____
Additional Funding Needed: \$ _____		Board Memo, page 1-2 _____
Source:		Agreement, pages 3-7 _____
Internal Transfer _____		Attachment A, page 8 _____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
( ) General ( ) Other		_____

**CLERK'S USE ONLY:**

Res. No.: 06-133 Ord. No. \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_  
*AM* Approved  
( ) 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

**COUNTY ADMINISTRATIVE OFFICER:**

\_\_\_\_ Requested Action Recommended  
\_\_\_\_ No Opinion  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
CAO: \_\_\_\_\_