

DEPARTMENT: Sheriff

BY: Brian Muller  
PHONE: 966-3615

**RECOMMENDED ACTION AND JUSTIFICATION:** Request approval for sheriff's office staff to donate accrued vacation time to the sick leave account of a sheriff's office employee.

Due to a medical condition, it was necessary for one of the sheriff's department Office Technicians to take time off work for an extended period of time beginning March 24, 2006. Because the employee does not have sufficient sick leave hours accrued to cover the time that she will be off work, it is requested that sheriff's office staff be permitted to donate accrued vacation to the employee's sick leave bank.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:** Similar requests have been approved in the past.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:** If donations are not permitted, it will be necessary for the employee to utilize her vacation and/or holiday time to help cover her time off.

Financial Impact? ( ) Yes	(X) No	Current FY Cost: \$	Annual Recurring Cost: \$0
Budgeted In Current FY? ( ) Yes ( ) No	( ) Partially Funded		
Amount in Budget:	_____		_____
Additional Funding Needed:	_____		_____
Source			_____
Internal Transfer	_____		_____
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.: 06-163 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Minute Order Attached  No Action Necessary

**COUNTY ADMINISTRATIVE OFFICER:**

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

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

CAO: 