

DEPARTMENT: Administration

BY: Rich Inman

PHONE: 966-3222

**RECOMMENDED ACTION AND JUSTIFICATION:**

Approve additional hours for an Extra-Help employee in Administration. An employee hired to assist with completing a back log of work caused by unanticipated vacancies and medical leaves is approaching the 999 hour limit. A significant portion of the back log has been completed but there is still a need for additional clerical work due to a newly hired employee still learning job responsibilities and another recent medical leave. The department is requesting an additional 350 hours to continue through the fiscal year. Sufficient funding was included for these hours in the Final Budget.

In the 2006-07 a request will be submitted to allocate a 0.80 Permanent Part-Time Office Assistant I/II position in Administration. Justification for this additional position will be included in the Requested Budget.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Additional Extra-Help hours must receive Board approval. The Board recently approved additional Extra-Help hours for an employee in the Public Works Department.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Do not approve the additional hours. The employee will only be able to work up to the 999 hour limit and full time staff will complete the back log of work as time allows which may affect other departments and constituents.

Financial Impact? ( ) Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
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.: 06-35 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 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:

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

CAO: ZH