

DEPARTMENT: Planning & Building BY: Tony Lashbrook PHONE: 966-5151

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X)

No recommendation is provided because this is a County Personnel policy issue and no current policy exists regarding this matter. From the Department standpoint, there will be no impact on operations because the employee has already taken the time off. If approved, this would allow the employee to receive sick leave pay as opposed to leave without pay. This employee had a limited amount of accumulated sick leave, experienced a major crises in the death of her mother (who was her live-in day care provider) and due to doctor's orders was off a week with sinusitis. This illness accounted for a loss of 22 hours on her last paycheck.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board has established no formal policy regarding the transfer of sick leave from one employee to another. It is my understanding that the Board has previously approved one such transfer in the instance that a Deputy in the Sheriff's Department had a brain tumor requiring major surgery.

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

1. Deny request - Employee would not receive pay for sick leave related time off in excess of accumulated sick leave.
2. Approve request - Employee would receive pay for sick leave related time off.

COSTS:  Not Applicable

A. Budgeted current FY \$ \_\_\_\_\_

B. Total anticipated costs \$ \_\_\_\_\_

C. Required additional funding \$ \_\_\_\_\_

D. Internal transfers \$ \_\_\_\_\_

SOURCE:  4/5ths Vote Required

A. Unanticipated revenues \$ \_\_\_\_\_

B. Reserve for contingencies \$ \_\_\_\_\_

C. Source description: \_\_\_\_\_

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLERK'S USE ONLY:

Res. No.: 93-232 Ord. No. \_\_\_\_\_

Vote - Ayes: \_\_\_\_\_ Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_

Approved  Denied

Minute Order Attached  No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:  
This item on agenda as:

\_\_\_\_\_ Recommended

\_\_\_\_\_ Not Recommended

\_\_\_\_\_ For Policy Determination

\_\_\_\_\_ Submitted with Comment

\_\_\_\_\_ Returned for Further Action

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

Comment: \_\_\_\_\_

\_\_\_\_\_

A.O. Initials: \_\_\_\_\_

MARIPOSA COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

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TO: TONY LASHBROOK  
FROM: MARGIE WILLIAMS, CLERK OF THE BOARD *mw*  
RE: REQUEST TO TRANSFER SICK LEAVE FROM ONE EMPLOYEE  
TO ANOTHER

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THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA

ADOPTED THIS Order on April 20, 1993

ACTION AND VOTE:

Consideration of Request to Transfer Sick Leave from One Employee to Another Within the Planning and Building Department (Planning)

BOARD ACTION: (M)Parker, (S)Taber, Board denied request for transfer of sick leave in this case, and directed that if the individual wishes to donate vacation or comp time, the Board would consider that request based on a dollar versus hourly rate of exchange/Ayes: Balmain, Parker, Taber; Noes: Baggett; Abstained: Erickson. Following further discussion, (M)Parker, (S)Taber, Res. 93-232 adopted rescinding the previous action; and taking the following action: request for transfer of sick leave is denied, with direction that if the individual wishes to donate vacation or comp time, it would be allowed for this case based on a dollar versus hourly rate of exchange. Motion was amended, agreeable with maker and second, further directing that if individuals within the Planning/Building Department wish to donate vacation or comp time, it would be allowed without further Board action, based on a dollar versus hourly rate of exchange for this case only/Ayes: Unanimous.

cc: Auditor  
Personnel

April 2, 1993

Board of Supervisors  
Courthouse  
Mariposa, CA 95338

RE: Second Request for Transfer of Sick Leave from One  
Employee to Another Employee

Dear Supervisors:

Please consider my second request for a transfer of 56 hours of my accrued sick leave to Sandy Huston. She has exhausted all of her sick leave and vacation as of March 21, 1993 and has been docked 22 hours of pay on her March check.

As I mentioned in my first request letter, Sandy has been very ill and got worse this past month. She had sinusitis and due to the excessive pressure and infection she experienced, her ear drum burst which resulted in minor hearing loss in one ear. She is on antibiotics but her ear will take 4-6 weeks to mend. Return trips to the doctor are expected for follow up. She was off for a week based upon a written request by her doctor (enclosed).

Having accrued more than 829 hours of sick leave, I believe I'm entitled to either use the time myself or have the option to give it to Sandy at no cost to the County. Since Sandy has been forced to return to work after exhausting all of her leave, she has not had a chance to strengthen herself and is probably working at 80% efficiency. Due to her personal status and her health, it has been increasingly difficult for her to get the medical attention she deserves and receive a full paycheck for the month which she desperately needs as a single parent.

Please have an open mind and seriously consider the situation this single parent has been forced to endure. My request for a sick leave transfer is the least I can do for a fellow employee and the best thing all of you can do as supervisors. Setting a precedent like this promotes goodwill and bonding between employees and is a boost to morale.

A good deed represents thinking of others before yourself, walking in their shoes and being compassionate in the time of need. That time is now and your support for a unanimous vote is requested.

Thank you for considering my request.

Sincerely,

A handwritten signature in cursive script that reads "Susan Warner".

SUSAN WARNER  
Co-Worker

Sw

Enclosures



CERTIFICATE TO RETURN TO WORK OR SCHOOL

Sandy Huston was in my  
office on 3/15/93.

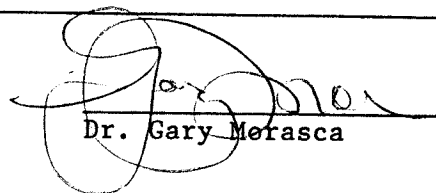
May return to work/school on 3/22/93.

Restrictions: \_\_\_\_\_

\_\_\_\_\_

Comments: Severe sinus infection, average  
severity, 4-6 weeks

\_\_\_\_\_

  
Dr. Gary Merasca

Chapel Hill Medical Center  
P. O. Box 2384  
Oakhurst, CA 93644  
(209) 683-2766

December 9, 1992

Board of Supervisors  
Courthouse  
Mariposa, CA 95338

RE: Transfer of Sick Leave Between Employees

Dear Supervisors:

As a co-worker of Sandy Huston, I would like to request that 56 hours of my sick leave be transferred to Sandy due to her health, the failing health of her mother and required sick leave she had to use on behalf of her son.

Since Sandy is a single parent, she is responsible for driving her mother to the doctors office and down to Fresno for testing. Unfortunately, her mother's illness was more critical than we all had expected because she died on November 23, 1992. Her son, Tony, is a typical kindergartener and has had his share of illnesses which required a visit to the doctor and time off.

I would like to donate 56 hours to Sandy, that can be used to finalize her mother's paperwork and it would give her a few days to fall back on in case of illness.

Your approval would enable Sandy to receive a full paycheck since she has exhausted all of her sick leave. She desperately needs her paycheck in lieu of docked pay. It is my sincere wish that your compassion will help Sandy in this time of need.

Sincerely,

  
SUSAN WARNER  
Co-Worker

MARIPOSA COUNTY

EMPLOYEE DAILY TIME RECORD

INTERIM REPORT

EMPLOYEE: SANDY HUSTON

DEPT: PLANNING/BUILDING DEPARTMENT

PAYROLL PERIOD DATES FROM: 21st of FEBRUARY TO: 6th of MARCH YEAR: 1993

HOURS	PAY CODE	FEBRUARY							MARCH					TOTAL					
		21	22	23	24	25	26	27	28	29	30	31	1		2	3	4	5	
1. REGULAR HOURS WORKED	00		1.5	3	8	8	4	/	/	/	/	/	/	8	8	8	8	8	19.5
2. COMP TIME USED	02																		
3. SICK TIME USED			1.5	5															6.5
4. VACATION TIME USED	05					4													4.0
5. HOLIDAY USED																			
6. CAR ALLOWANCE																			
7. OTHER - SPECIFY																			
8. OVERTIME/COMP TIME EARNED																			
9. TOTAL			8.0	8	8	8	8	/	/	/	/	/	/	8	8	8	8	8	80
10. OVERTIME TO BE PAID	04																		
11. PRIOR COMP TIME PAYOFF	02																		
12. SHIFT PAY	0.15																		
13. SHIFT PAY	0.30																		
14. NIGHT PAY	0.225																		
15. STAND-BY PAY	01																		
16. CALL BACK PAY	01																		
17. HOURLY EMPLOYEES - ENTER HOURS WORKED EACH DAY																			
18. OTHER - SPECIFY																			

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING CLAIM AS THEREIN SET OUT IS TRUE AND CORRECT; THAT NO PART THEREOF HAS BEEN HERETOFORE PAID AND THAT THE AMOUNT IS JUSTLY DUE.

BALANCE FORWARD	PERSONAL NECESSITY	BEREAVEMENT
47		24
USED THIS PERIOD	13	2
ENDING BALANCE	34	24

Personal Necessity (P&P 8.05.02.0)  
 - 48 hours (6 days) of sick time allowable per year for personal necessity

Bereavement (P&P 8.05.03)  
 - 24 hours (3 days) of sick time allowable for family bereavement

SIGNATURE OF EMPLOYEE:  DATE: 3.5 '93

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DEPARTMENT HEAD

MARIPOSA COUNTY

EMPLOYEE DAILY TIME RECORD

FINAL REPORT

PRINT OR TYPE:

EMPLOYEE: SANDY HUSTON SOCIAL SECURITY NO. 547-76-7127 DEPT: PLANNING/BUILDING RANGE: 125-141.5 STEP: 3

FROM: 7th of MARCH TO: 20th of MARCH YEAR: 1983 HOURLY RATE: 58.61

REGUL PERIOD DATES	PAY CODE	HOURS															SUB TOTAL	GRAND TOTAL	CERTIFICATION OF ACCRUED TIME	VACATION	STICK LEAVE	OVERTIME/COMP TIME		
		8	9	10	11	12	13	14	15	16	17	18	19	20										
1. REGULAR HOURS WORKED	00																		19.0	88.5				
2. SICK TIME USED	02																				BROUGHT FORWARD	19.34	13.1	
3. STICK TIME USED																					EARNED (-)	6.67	10.1	
4. VACATION TIME USED	05		8	8	2				3										28.0	26.0	TAKEN (-)	26.00	23.0	
5. HOLIDAY USED																					PAID (-)			
6. CAR ALLOWANCE																					BALANCE TO DATE	.01	0	
7. OTHER - SPECIFY <i>Leave w/o Pay</i>																								
8. OVERTIME/COMP TIME EARNED																								
9. TOTAL			8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	80	160.0	HOURS TO PAY			ACCOUNT NUMBER
10. OVERTIME TO BE PAID	04																				X 1.50 =	X		
11. FOR COMP TIME PAYOFF	02																					X		
12. SHIFT PAY	0.15																				X 0.15			
13. SHIFT PAY	0.30																				X 0.30			
14. SHIFT PAY	0.225																				X 0.225			
15. STAND-BY PAY	01																				X			
16. CALL BACK PAY	01																				X			
17. HOURLY EMPLOYEES - ENTER HOURS WORKED EACH DAY																					X			
18. OTHER - SPECIFY																					X			

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING CLAIM AS THEREIN SET OUT IS TRUE AND CORRECT; THAT NO PART THEREOF HAS BEEN HERETOFORE PAID AND THAT THE AMOUNT IS JUSTLY DUE.

TOTAL TO BE PAID>>>

*[Handwritten Signature]*

2 11 83