

MARIPOSA COUNTY RESOLUTION No. 83-355 (b)

BUDGET ACTIONS

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

CANCELLATIONS

<u>Department</u>	<u>Item</u>	<u>Amount</u>
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APPROPRIATIONS

<u>Department</u>	<u>Item</u>	<u>Amount</u>
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TRANSFERS

<u>Department</u>	<u>Item</u>	<u>Amount</u>
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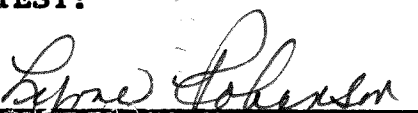
FR: SOCIAL WELFARE	019-490-1-004 (Salary Welfare EW)	\$4,135.00
FR: SOCIAL WELFARE	019-490-1-010 (Salary Welfare OT)	167.00
TO: SOCIAL WELFARE	019-490-1-002 (½ Time Salary Social Worker III)	\$4,302.00

PASSED AND ADOPTED this 20th day of December, 19 83,  
by the Board of Supervisors of Mariposa County by the following vote:

AYES: Barrick, Dalton, Erickson, Moffitt, Taber  
 NOES: None  
 ABSENT: None  
 ABSTAINED: None

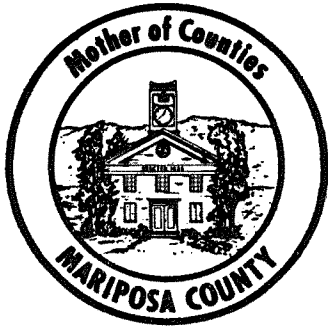
  
 Chairman of the Board of Supervisors

ATTEST:

  
 LYNNE ROBINSON, Acting County Clerk and  
 Ex Officio Clerk of the Board

APPROVED AS TO FORM AND  
 LEGAL SUFFICIENCY:

  
 JEFFREY G. GREEN,  
 County Counsel



# MARIPOSA COUNTY DEPARTMENT OF SOCIAL WELFARE

Health and Welfare Building  
Hwy. 49 near Jct. Hwy. 140

JEANNIE NIX-TEMPLE, Director  
Telephone: (209) 966-3609

POST OFFICE BOX 7  
MARIPOSA, CALIFORNIA 95338

December 20, 1983

TO: Mariposa County Board of Supervisors  
FROM: Jeannie Nix-Temple, Welfare Director  
RE: Transfer of Dependent Children from Probation Department to the Welfare Department

The Welfare Department is prepared to accept the responsibility of the dependent children (300's) from the probation department effective January 1, 1984.

In order to accommodate this increase in work to our department, I am requesting the following reclassification be made:

- 1. EW II position be reclassified to:
  - 1 50% time EW II range 110-126 Step I
  - 1 50% time SWIII range 138-154 Step I

Effective January 1, 1984.

To assure adequate funds for the reclassification, the following budget transfers will be needed:

From:	Salary Welfare Eligibility Worker	019-490-1-004	\$ (4,135.00)
	Salary Welfare Overtime	019-490-1-010	( 167.00)
To:	$\frac{1}{2}$ time Salary Social Worker III	019-490-1-002	<u>\$4,302.00</u>
			4,302.00      4,302.00

Employee allocation schedule should be amended on page three(3) Section S Social Welfare Department.

2	Social Worker III (1 50%)	138-154
1	Eligibility Worker Supervisor	125-141
1	Staff Services Analyst	124-140
1	Clerk III General/Option 2	112-128
5	Eligibility Worker II (1 50%)	110-126
1	Eligibility Worker I (unfilled)	106-122
2	Clerk II General	86-102
1	Vocational Assistant(60%)	84-100
1	Vocational Trainee(entry level unfilled)	82-98
1	OEO/DOE Coordinator (80%)	110-126

**REQUEST FOR CERTIFICATION  
REPORT OF APPOINTMENT**  
IMS 18 (11/78)

SEE INSTRUCTIONS ON REVERSE

CERTIFICATION NUMBER

**LOCAL AGENCY USE ONLY**

**PART I**

1. LOCAL AGENCY (City, County, District) (Department) <b>Mariposa Co. Dept. Social Welfare</b>		2. LOCATION OF EMPLOYMENT (City) <b>Mariposa</b>	3. DATE <b>12/9/83</b>
4. NUMBER OF POSITIONS <b>1</b>	5. MERIT SYSTEM CLASS TITLE <b>Social Worker III</b>	6. LOCAL AGENCY CLASS TITLE <b>SAME</b>	
7. TIME BASE <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input checked="" type="checkbox"/> PART TIME (Fraction) <b>50%</b>			8. SALARY RANGE <b>\$717. - 839.</b>
9. TENURE <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> LIMITED TERM FOR _____ TO _____		UPON APPROVAL ONLY (MSS approval required in advance) <input checked="" type="checkbox"/> PROVISIONAL <input type="checkbox"/> EMERGENCY	
10. SPECIAL REQUIREMENTS: (check as appropriate) <input type="checkbox"/> SECOND LANGUAGE _____ <input type="checkbox"/> REGISTRATION _____ <input checked="" type="checkbox"/> LICENSE/CERTIFICATE <b>Calif. drivers License</b> <input type="checkbox"/> OTHER (specify) _____			
11. REASON FOR REQUEST A. <input type="checkbox"/> VACANCY IN POSITION FORMERLY HELD BY: _____ <input type="checkbox"/> TITLE WAS SAME AS ABOVE IMS FORMER TITLE _____ SUPERVISED BY (CLASS TITLE) _____ B. <input checked="" type="checkbox"/> NEW POSITION DESCRIBED IN CORRESPONDENCE DATED <b>12/9/83</b> C. <input type="checkbox"/> RECLASSIFICATION DESCRIBED IN CORRESPONDENCE DATED _____ D. <input type="checkbox"/> CHANGE IN TENURE: <input type="checkbox"/> FROM LIMITED TERM TO PERMANENT <input type="checkbox"/> FROM PERMANENT TO LIMITED TERM <input type="checkbox"/> FROM PROVISIONAL TO PROBATIONARY			
12. DESCRIPTION OF DUTIES (THEY ARE THE SAME AS PERFORMED BY LAST INCUMBENT. <input type="checkbox"/> YES <input type="checkbox"/> NO) ATTACH OR DESCRIBE BELOW THE DUTIES AND RESPONSIBILITIES OF THE POSITION AND GIVE SUFFICIENT DETAIL SO THAT THE DEGREE OF DIFFICULTY OF EACH DUTY WILL BE APPARENT. ASSIGN APPROXIMATE PERCENTAGES OF TIME TO EACH DUTY. (IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET)			

PERCENT OF TIME	DUTIES OF POSITION
10%	Under the general supervision of the director: Makes initial emergency response to all reports of child abuse, neglect or exploitation within the county.
5%	Completes assessment and develops service plan for all referrals on child abuse.
5%	Provides all on going services including regular face-to-face contact with children and parents.
3%	Makes complex decisions regarding the removal of abused child from his/her home when necessary.
2%	Makes appropriate placement of children in foster family home.
5%	Makes petition to the court on behalf of dependent children (300's)
10%	Provides on-going services to court ordered placements including regular counseling, monitoring of family progress in conjunction with established service plan, family reunification services and permanent placement planning services.
5%	Makes recommendations to the court regarding disposition of court ordered placement
5%	Completes case records, petitions, court reports and forms. other duties as required

13. LOCAL AGENCY AUTHORIZED SIGNATURE <i>Quinnio Mc-Temple, Director</i>	14. DATE <b>12/9/83</b>
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**MSS USE ONLY**

**PART II**

CLASSIFICATION APPROVED (MSS AUTHORIZED SIGNATURE)	DATE	ROSTER NOTED BY:	DATE
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**LOCAL AGENCY USE ONLY**

**PART III**

1. NATURE OF APPOINTMENT <input type="checkbox"/> APPOINTMENT FROM ELIGIBLE LIST CERT NO. _____ <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> REEMPLOYMENT <input type="checkbox"/> RETURN FROM LEAVE OF ABSENCE <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER FROM ANOTHER MERIT SYSTEM AGENCY (PREVIOUS MSS AGENCY) <input type="checkbox"/> DEPT TRANSFER <input type="checkbox"/> LIMITED TERM <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER			2. SALARY
3. NAME OF EMPLOYEE FIRST MID. INITIAL LAST			3. DATE OF APPOINTMENT
5. SOCIAL SECURITY ACCOUNT NUMBER		6. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	7. STATUS OF APPOINTMENT

THIS INFORMATION IS FOR RESEARCH AND STATISTICAL PURPOSES ONLY, AND MEETS REQUIREMENTS OF SECTION 1293, GOVERNMENT CODE.

A. BIRTH DATE _____	D. EDUCATION LEVEL: <input type="checkbox"/> HIGH SCHOOL AND UNDER <input type="checkbox"/> SOME COLLEGE, NO DEGREE <input type="checkbox"/> DEGREE(S): (SPECIFY) _____
B. ETHNIC GROUP _____	
C. 2ND LANGUAGE _____	
LOCAL AGENCY AUTHORIZED SIGNATURE	DATE
10. EMPLOYEE'S SIGNATURE	DATE