# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **08/03/2021** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Melissa Cummins, Deputy County Administrator** | **Phone:** | **530.842.8005** |
| **Address:** | **1312 Fairlane Road, Yreka CA 96097** |
| **Person Appearing/Title:** | **Melissa Cummins, Deputy County Administrator - Personnel and Risk Management Officer** |
| **Subject/Summary of Issue:** |
| The County Administrator’s Office is seeking approval of a new resolution that will modify Resolution # 20-25 adopted by the Board of Supervisors on March 10, 2020. Resolution # 20-25 authorized the Sheriff’s Department to pay a stipend to certain intra-transfer employees to purchase COBRA insurance due to a gap in coverage. This payment should be a reimbursement instead of a stipend. Staff is also requesting that this modification be effective January 1, 2021.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |  |  |  |  |  |
| Fund:  |  |  | Description: |  | Org.: | Various | Description: |  |
| Account: |  |  | Description: |  |  |
| Activity Code:  |  |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information:  | Accounting would fall under various budgets within the Sheriff’s Department. |
|  |
| **Recommended Motion:** |
| Adopt Resolution authorizing the Sheriff’s Department to pay a reimbursement to certain intra-County transfer employees to pay for COBRA premiums due to a gap in coverage effective January 1, 2021. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* |  |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* |  |
| CAO |       |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15.