***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **1 Min** | **Meeting Date:** | **April 2, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Anna Hendricks** | **Phone:** | **842-8003** |
| **Address:** | **1312 Fairlane Road, Suite 1** |
| **Person Appearing/Title:** | **Elizabeth Nielsen**  |
| **Subject/Summary of Issue:** |
| Staff is presenting a resolution allowing for Cal-Cards to be used as a form of payment for pre-employment medical background screening. Each activity is to be pre-authorized in writing by the County Administrator or their designee. The County’s Procurement policy prohibits the use of Cal-Cards for services, however, in certain instances, it is beneficial to the County, and allowed through this resolution, for pre-employment background screenings to paid for using a County Cal-Card.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| If so desired, staff requests that the Board adopt the resolution allowing for Cal-Cards to be used as a form of payment for pre-employment medical background screening when authorized to do so by the County Administrator or their designee, and authorize the Chair to sign. |
| **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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021