***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **X** |  | **Time Requested:** | **20-30 min** | **Meeting Date:** | **August 13, 2024** |
| ***OR*** |
| **Consent** |  |  |
| **Contact Person/Department:** | **Laura Bynum, County Clerk** | **Phone:** | **530-842-8084** |
| **Address:** | **311 Fourth Street, Room 201, Yreka, CA 96097** |
| **Person Appearing/Title:** |  |
| **Subject/Summary of Issue:** |
| Personnel hearing for a appeal by a Health and Human Services, Behavioral Health Division employee.Appeal hearing is scheduled on August 13, 2024 at 2:00 p.m. |
| **Financial Impact:** |
| **NO** |  | *Describe why no financial impact:*       |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |  |  |  |  |  |
| Fund:  |  |  | Description: | General Fund | Org |  | Description: |  |
| Account: |  |  | Description: |  |  |
| Activity Code:  |  |  | Description: |  |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|  |
| **Recommended Motion:** |
| Action as the Board deems appropriate. |
| **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