



County of Santa Cruz

PERSONNEL DEPARTMENT

701 OCEAN STREET, SUITE 310, SANTA CRUZ, CA 950604073

(631) 454-2600 FAX: (631) 454-2411 TDD: (931) 454-2123

DANIA TORRES WONG, DIRECTOR

AGENDA: May 4, 1999

April 19, 1999

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

TRANSFER FROM WORKERS' COMPENSATION CLAIMS RESERVES

Dear Members of the Board:

Unanticipated expenditures in the Medical Services and Compensation line items have created a need for a transfer in the amount of \$3 10,000 from reserves in the Workers' Compensation Insurance Fund, Budget Index 5 15300.

An additional \$300,000 in the Medical Services account provides for payments of medical and hospital claims anticipated through June 30, 1999 plus a small contingency. An additional \$10,000 in the Compensation account provides for an unanticipated increase in temporary disability payments to injured workers through June 30, 1999.

It is RECOMMENDED that your Board approve the attached transfer of \$3 10,000 from the Workers's Compensation Claims Reserves.

Very truly yours,


Dania Torres Wong
Personnel Director

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

DTW:JM/jm

Attachment

cc: Auditor-Controller

COUNTY OF SANTA CRUZ
 REQUEST FOR TRANSFER OR REVISION
 OF BUDGET APPROPRIATIONS AND/OR FUNDS

001 34

April 19, 1999

Department: Personnel/Risk Management

Date: *****

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, 1999

AUDITORS USE ONLY				
DOCUMENT #	AMOUNT	L/N	T/C HASH	
JE 6				

BATCH #	
DATE	Keyed By:

	T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
T R A N S F E R	T O	0 2 1	5 1 5 3 0 0	3 6 4 0		3,000,000.00 Medical Claims
			5 1 5 3 0 0	4 9 1 5		1,000,000.00 Compensation
	F R O M	0 2 2	5 1 5 3 0 0	4 9 1 0	IIIII	3,100,000.00 Reserves

Explanation: Transfer from workers' compensation claims reserves to medical claims and compensation to cover unanticipated costs in both accounts.

Name: Dania Torres Wong Title: Personnel Director

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above

Auditor-Controller, by: [Signature], Deputy Date: 4/21/99

County Administrative Officer's Action: Recommended to Board || Approved || Not Recommended or Approved

County Administrative Officer: [Signature] Date: 4/23/99

State of California } As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for
 ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
 County of Santa Cruz } duly entered in the minutes of said Board on _____, 19____, Deputy Clerk