



# COUNTY OF SANTA CRUZ

0021

## PERSONNEL DEPARTMENT

### RISK MANAGEMENT

701 OCEAN STREET, SUITE 3 10, SANTA CRUZ, CA 95060-4073

(831) 454-2600 FAX: (831) 454-2245 TDD: (831) 454-2123

JANET MCKINLEY, RISK MANAGER

AGENDA: February 13, 2001

## BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA 95060

### APPROVE TRANSFER OF FUNDS FROM LIABILITY CLAIMS RESERVES

Dear Members of the Board:

Last Fall your Board approved a liability settlement which will require expenditures exceeding the original appropriation in the Liability Claims account 5 15200/4920 for the 2000-01 fiscal year. We are proposing to transfer that amount from Liability Claims Reserves to the General Liability Claims-Settlements account.

It is RECOMMENDED that your Board approve the attached transfer of \$425,000 from Liability Claims Reserves..

Very truly yours,

A handwritten signature in black ink, reading "Dania Torres Wong".

Dania Torres Wong  
Personnel Director

RECOMMENDED:

A handwritten signature in black ink, reading "Susan A. Mauriello".

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

0022

Department: Personnel

Date: February 1, 2001

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, 10 2001

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 2 0 0	4 9 2 0		4 2 5 0 0 0 0 0	General Liability Claims
F R O M		0 2 2	5 1 5 2 0 0	4 9 1 0		4 2 5 0 0 0 0 0	Reserves

Explanation: Transfer from reserves to provide for unanticipated liability claims settlements.

Name Dania Torres Wong *Dania Torres Wong* Title Personnel Director  
*Janet McKinley Risk Manager*

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 *P. Sillbange*, Deputy Date 2/5/01  
Fund 60-120

County Administrative Officer's Action: ☒ Recommend to Board ☐ Approved ☐ Not Recommended or Approved

County Administrative Officer *axh* Date 2/5/01

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  
County of Santa Cruz } ss. transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order  
duly entered in the minutes of said Board on

\_\_\_\_\_, 19\_\_\_\_ By \_\_\_\_\_, Deputy Clerk

(A-C)\* Desc: \_\_\_\_\_ # \_\_\_\_\_ - Budget Transfer

19  
Distribution:  
Who: Board of Supervisors  
Yellow-Auditor-Controller

BRD. NAME

AGENDA DATE

ITEM NO.

Green-County Administrative Officer  
Pink-Originating Department

Goldenrod-Departmental Control Copy

A-C Review		