



**County Administrative Office
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: November 6, 2018

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
County Counsel Sign-Off	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

CONTACT PERSON: Jason T. Britt PHONE: (559) 636-5005

SUBJECT: Accept request to waive payment of the salary of the extra help Associate HHSA Director

REQUEST(S):
That the Board of Supervisors:

1. Accept a voluntary waiver from the Extra Help Associate Health and Human Services Agency Director, in her sole discretion, of any and all compensation or fee that would otherwise have been paid to her pursuant to her acceptance of the position, effective upon her start date of October 21, 2018;
2. Find that the Board of Supervisors had the authority to accept such a waiver as of October 21, 2018, and that it is in the County's best interest to accept such a waiver on that date; and
3. Authorize the Auditor/Controller to take the necessary steps to implement this waiver.

SUMMARY:
Dr. Cheryl Duerksen has agreed to return to work with the County of Tulare as an extra-help Associate Director for the Health and Human Services Agency (HHSA). As a condition of her employment, Dr. Duerksen voluntarily requested that she be permitted to unequivocally and unconditionally relinquish her entire base salary as an extra help employee, effective October 21, 2018. See Exhibit A.

The Board of Supervisors has the sole responsibility of making the initial

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determination as to whether or not the County should accept waivers of compensation. Therefore, it is requested that the Board of Supervisors accept Dr. Duerksen's voluntary waiver of the entire base salary she would receive as an Extra Help employee.

FISCAL IMPACT/FINANCING:

There is No Net County Cost associated with this Agenda Item.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Organizational Performance Initiative to promote continuous improvement of organization effectiveness and fiscal stability. This action meets the Organization Performance measure of continually evaluating organizational structure to improve service delivery.

ADMINISTRATIVE SIGN-OFF:



Jason T. Britt
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel

Attachment(s) Attachment A – Letter Requesting Waiver of Salary

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF REQUEST TO)
ACCEPT A WAIVER OF PAYMENT OF) Resolution No. _____
SALARY FOR THE EXTRA HELP) Agreement No. _____
ASSOCIATE HSA DIRECTOR)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Accepted a voluntary waiver from the Extra Help Associate Health and Human Services Agency Director, in her sole discretion, of any and all compensation or fee that would otherwise have been paid to her pursuant to her acceptance of the position, effective upon her start date of October 21, 2018;
2. Found that the Board of Supervisors had the authority to accept such a waiver as of October 21, 2018, and that it is in the County's best interest to accept such a waiver on that date; and
3. Authorized the Auditor/Controller to take the necessary steps to implement this waiver.

October 22, 2018

Steven J. Worthley, Chairman, Supervisor-District 4
Board of Supervisors
2800 W. Burrel Ave
Visalia, CA 93291

Dear Supervisor Worthley:

I hereby voluntarily, unequivocally, and unconditionally relinquish my entire base salary, effective with pay period beginning October 21, 2018 through January 1, 2019.

By signing this form, I also understand that I am not being compelled to accept during my term of office a compensation less than that fixed at the time I entered upon my term. I understand that this relinquishment will be included amongst my other charitable contributions. I understand that the aggregate of tax deductible contributions may not exceed fifty percent (50%) of my contribution base for the taxable year, or the lesser of thirty (30%) and fifty (50%) percent of the same, depending on the nature of my contributions. I understand that by relinquishing my salary, I am not entitled to deduct any contributions which may exceed the aforementioned tax deductible limits.

If you have any questions regarding this matter, please call Jason T. Britt, County Administrative Officer.

Sincerely,



Cheryl Duerksen

Cc: Cass Cook, Auditor-Controller