

AGENDA ITEM TRANSMITTAL		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank:	Date/Time Rec'd:
TO: BOARD OF SUPERVISORS FROM: Georgia Cochran Human Resources		CONTACT FOR INFORMATION: Name: Georgia Cochran Phone No: 636-4000		NUMBER OF CERTIFIED COPIES REQUIRED:
MEETING DATE: April 26 , 2016	(1) SUBJECT: PRESENTATION OF CERTIFICATE OF APPRECIATION TO COUNTY EMPLOYEE UPON RETIREMENT			
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment): Hank Brown, Public Works Maintenance Superintendent, Public Works – Employed; 1985-1987-Public Works, Road Maintenance Worker 1987-2012-Public Works, Road Maintenance Supervisor 2012-2015-Public Works, Road Maintenance Superintendent 2015-2016-Public Works, Public Works Maintenance Superintendent Total combined service to San Benito County is 31.4 years				
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: <input type="checkbox"/> Contract <input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Other: Plaque		(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:		
(6) FUNDING SOURCE(S):		(7) CURRENT YEAR COST: \$ N/A	(8) ANNUAL OR PROJECT COST: \$	(9) BUDGETED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, STATE NUMBER: <div style="display: flex; justify-content: space-between; width: 100%;"> Permanent Limited Term </div>				
(11) RECOMMENDED ACTION(S): Present Certificate of Appreciation to Mr.Brown for his more than 31 years of service.				
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE		DATE		

CLERK'S USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADOPTED	<input type="checkbox"/> CONTINUED TO _____
<input type="checkbox"/> ACKNOWLEDGED	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> RESOLUTION NO. _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SET PUBLIC HEARING	<input type="checkbox"/> APPOINTED	<input type="checkbox"/> ORDINANCE NO. _____	<input type="checkbox"/> NO ACTION TAKEN _____

BY: _____ Deputy Clerk of the Board DATE:	
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COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL