AGENDA ITEM TRANSMITTAL	Agenda Time Estima Minutes or Con	sent		Date/Time R	Rec'd:
TO: BOARD OF SUPERVISORS	15	23	35.6	10/2	6/15P
FROM: Ray Espinosa	Name: Ray Esp	CONTACT FOR INFORMATION: Name: Ray Espinosa Phone No: (831) 636-4000		R OF CERTIFIED COPIES TRED:	
IEETING DATE: (1) SUBJECT:					
November 3, 2015 CLOSED SESSION AGENDA - Performance Evaluation - County Administrative Officer					
(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment):					
Closed Session					
PUBLIC EMPLOYEE PERFORMANCE EVALUATitle: County Administrative Officer Authority: California Government Code 54957	ATION				
(3) OTHER AGENCY INVOLVEMENT: None					
(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: Contract Resolution Ordinance Other: (5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:					
) CURRENT YEAR COST	: (8) ANNUAL OR PR		(9) BUDGETE ☐ YES ☐	D:] NO
n/a * (10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL? YES	■ NO If YES, STA				
Permanent Limited Term					
(11) RECOMMENDED ACTION(\$):					
Hold Closed Session.					
401		10/26/15			
SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTAT	IIVE				
APPROVED ☐ DENIED ☐ ADOPTED ☐ ACKNOWLEDGED ☐ ACCEPTED ☐ RESOLUTION NOT ☐ SET PUBLIC HEARING ☐ APPOINTED ☐ ORDINANCE NOT ☐ ORDINANCE NOT ☐ APPOINTED ☐ ORDINANCE NOT ☐ ORDINANCE ORDINANCE NOT ☐ ORDINANCE	o l	CONTINUED TO OTHER NO ACTION TAKEN			
BY:					
Deputy Clerk of the Board					
DATE:					

COPY ROUTING: ORIGINATING DEPT. - AUDITOR - COUNTY COUNSEL