



RESOLUTION NO .
OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, the County of El Dorado is facing serious economic hardships, and

WHEREAS, in response to these constraints, there is an ongoing critical need to reduce expenditures, and

WHEREAS, a Voluntary Time Off (VTO) Program (unpaid leave of absence) is a viable method for achieving savings through employee reduction of hours paid, and

WHEREAS, it is in the County's best interest to support and encourage such a program, and

WHEREAS, in accordance with the provisions of the Personnel Management Resolution Section 1005 and Salary and Benefits Resolution, the appointing authority may grant a permanent or probationary employee voluntary time off (unpaid leave of absence), and

WHEREAS, the Board of Supervisors gives authority to the Human Resources Director to meet and confer with the employee organizations to implement the VTO Program, and

WHEREAS, the Board of Supervisors previously authorized the VTO Program pursuant to Resolution 325-2008.

BE IT RESOLVED that the Board of Supervisors hereby extends the Voluntary Time Off (VTO) Program (unpaid leave of absence) through June 30, 2010 and provides for the provisions to continue as follows and supersede respective Memoranda of Understanding between the County of El Dorado and the affected Labor Organizations, the Salary and Benefits Resolution for Unrepresented Employees and El Dorado Compensation Administration Resolution according to the following terms.

1. Participation in the VTO Program is a voluntary act initiated by the employee, and is subject to department head approval based upon the needs of the service.
2. Any request for VTO time that exceeds 10 working days, must be approved in writing by the Chief Administrative Officer.
3. VTO time may be used to reduce the workday, to reduce the work week, or be taken in blocks of time as an employee now utilizes vacation or compensatory leave.
4. VTO shall not exceed the total number of hours in the employee's ongoing work schedule in a regular pay period.
5. VTO approved leave time shall count as paid time in determining sick leave and vacation accrual, and holiday eligibility.
6. VTO leave time shall apply time in service for step advancement and toward seniority for purpose of layoff

7. VTO shall be granted without requiring employees to first use accumulated vacation and compensatory time off.
8. VTO shall not be available to employees on other leave without pay.
9. Requests for VTO must be made in writing for a specific period of time and approved by the appointing authority prior to the employee taking VTO under this program.
10. Employees eligible for shift differential will receive shift differential based upon hours actually worked in accordance with the M.O.U. or Salary and Benefits Resolution. Longevity pay will continue to be calculated on base salary in accordance with the M.O.U. or Salary and Benefits Resolution.
11. VTO approved leave time shall count as paid time in determining the level of the County's contribution to County sponsored health plans; for employees eligible for the optional benefits program, entitlements shall not be reduced as a result of participation in the VTO Program.
12. A reduction in hours under the VTO Program shall not be considered as hours in pay status for the purpose of overtime entitlements.
13. There shall be no reduction in entitlements to Management Leave or to Special Leave as a result of participation in the VTO Program.
14. In case of a temporary layoff, an employee who reduces time under the VTO Program shall receive full credit for all hours reduced under this program toward such temporary layoff.
15. The administration of the VTO Program is subject to the standard procedures of the Auditor Controller.
16. Unless otherwise amended or discontinued by the Board of Supervisors, this program will extend through June 30, 2010.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the 30th day of June, 2009, by the following vote of said Board:

Attest:

Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

Ayes:

Noes:

Absent:

By: _____
Deputy Clerk

_____ Chairman, Board of Supervisors

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

Attest: SUZANNE ALLEN DE SANCHEZ, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____