Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2024.08 Assignment Date: 6/11/24

SUBMITTAL - Completed by referring Board office and returned to CAO no later than \underline{noon} on Thursday prior to Board meeting:

Date: 6/4/2024 Submitted By: S	ibmitted By: Superisor Luis Alejo			District #: 1		
Referral Title: Maintenance Contract for 168 West Alisal Street Government Center and Potential Worker						
Displacement						
Referral Purpose: To ensure that the current maintenance workers are able to keep their jobs and continue						
providing their valuable services at the 168 West Alisal Street Government Center.						
Brief Referral Description: The maintenance contract for our facilities is up for RFP at the end of June 2024.						
However, this potential transition is likely to displace our current dedicated maintenance worker team that						
provides us valuable professional services at our 168 West Alisal Street Government Center in Salinas. This has						
caused extreme anxiety for these workers as they want to maintain their duties and continue providing						
maintenance services for us. One of the maintenance workers has been working here 14 years. This referral						
requests that our CAO and county staff do all possible to ensure that our current maintenance workers can						
continue their employment, even under a new vendor/provider, and that no such displacement or layoffs take						
place during any transition.						
Classification - Implication		Mode of Response				
☐Ministerial / Minor		☐ Memo	X Board Re	1	□Presentation	
□Land Use Policy		Requested Response Timeline				
☐Social Policy		X 2 weeks	s □ 1 mc	onth	□ 8 weeks	
☐Budget Policy		☐ Status reports until completed				
XOther:		☐ Other: ☐ Specific Date:				
ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s)						
Completed by CAO's Office:						
Department(s):		Referral Lead:		Board Date:		
County Administrative Office/County Counsel		Debra Wilson/Susan		6/11/24		
		Blitch				
REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by						
CAO's Office:						
Department(s):		Referral Lead:		Original Date:		
ANALYSIS - Completed by Department and copied to Board Offices and CAO:						
Department analysis of resources required/impact on existing department priorities to complete referral:						
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Analysis Completed By:		Department's Recommended Response Timeline				
	By requested date					
		2 weeks		□ 6 w	eeks \square 6 months	
Date:		☐ 1 year ☐ Other/Specific Date:				
REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:						
Referral Response Date:	Board Item No.:		Referrals List Deletion:			