## Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2024.09
Assignment Date: 8/13/24
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:

Date:	Submitted By: Super	visor Glenn (	Church	District #: 2				
August 1, 2024								
Referral Title: Board of Supervisors Abstentions								
Referral Purpose: This Referral proposes to change the County Code to allow County Supervisors' abstentions to								
be recorded as such.								
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Brief Referral Description (attach additional sheet as required):								
Current County Ordinance:  The roll need not be called in voting upon a motion except where specifically required by law or requested by a member. If the roll is not called, in the absence of objection, the Chairperson may order the item unanimously approved. When the roll is called on any motion, any member present who does not vote in an audible voice shall be recorded as "Aye." In the event a member abstains from voting, his or her vote shall be counted as a vote with the greater number voting for or against a motion, resolution, etc.  (Ord 2523 § 1 Ch. 4 Rule 16, 1979)  Change Proposal:  We propose modifying the County Code of Ordinances, (Ord 2523 § 1 Ch. 4 Rule 16, 1979) to allow any abstention from voting by a Supervisor to be recorded as an abstention rather than being counted with the majority decision. Currently, the only way that an abstention can be recognized is when the vote is 2 yays-2 nays-1 abstention. Then, the vote is considered tied, and the matter is not decided. A Supervisor might abstain from a vote for several legitimate, even legal reasons, but under the current ordinance, the reason for their action may not be reflected in Board records, rendering those records less accurate.								
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Department analysis of resources requir	ed/impact on	existing depart	ment prioritie	s to complete referral:				
Analysis Completed By:		Department's Recommended Response Timeline						
	☐ By requested date							
		□ 2 weeks	$\square$ 1 month	$\Box$ 6 weeks $\Box$ 6 months				
Date:		□ 1 year	☐ Other/Spe	cific Date:				
REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:								
Referral Response Date:	Board Item	Board Item No.:		Referrals List Deletion:				

Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.