

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

414



FROM: Human Resources Department

SUBMITTAL DATE:
December 1, 2003

SUBJECT: Labor Code §4850.4 Advanced Disability Pension Payments – AB1982

RECOMMENDED MOTION: Receive and file the Assistant County Executive Officer/Human Resources Director's Report on Labor Code §4850.4, Advance Disability Pension Payments (Procedure attached)

BACKGROUND: AB 1982 requires that the County make advanced disability pension payments to safety members seeking industrial disability retirements. Public safety officers with a work related injury or illness that have exhausted Labor Code §4850 benefits as well as accrued sick leave balances are eligible to apply. The advanced disability pension payment may be no less than fifty percent of the highest annual compensation earned by the member. Advanced payments are processed from the members' department. Currently, the County of Riverside has 19 members receiving §4850 benefits. Using this data as an estimate, advanced pension payments would total \$32,037.34 per month (\$384,448.08 annually), until a final determination has been made. A final determination from an administrative law judge could take up to three years.

We have developed the attached procedure to comply with the requirements of §4850.4 and seek Board acknowledgement of said procedure. The procedure has been reviewed by County Counsel.

FORM APPROVED
COUNTY COUNSEL
DEC 0 2 2003

Departmental Concurrence
BY: *[Signature]*

[Signature]

Ronald W. Komers
Asst. County Executive Officer/Human Resources Dir.

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 384,448.08	In Current Year Budget:
	Current F.Y. Net County Cost:	\$	Budget Adjustment:
	Annual Net County Cost:	\$	For Fiscal Year:

SOURCE OF FUNDS: Department of Safety Member	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:
APPROVE

[Signature]

County Executive Office Signature

Dep't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: _____ District: ALL Agenda Number: _____

**ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD**

3.31