



Legislation Details (With Text)

File #: 21-2749 **Version:** 1 **Name:**
Type: Discussion Item **Status:** Passed
File created: 6/1/2021 **In control:** Commissioners Court
On agenda: 6/8/2021 **Final action:** 6/8/2021
Title: Request by the Commissioner of Precinct 3 for discussion and possible action regarding Harris County employee "Mask Confusion", and whether the County Employee Mask Policy is in accordance with Governor Abbott's GA-36.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
6/8/2021	1	Commissioners Court		
6/8/2021	1	Commissioners Court		

To: Harris County Commissioners Court

Through: Commissioner Tom Ramsey, Commissioner Precinct Three
Prepared By: Conrad Joe, Administrative Assistant, Commissioner Precinct Three

Subject: COVID-19 Mask Confusion

Project ID (If applicable):

Purpose and Request:

Request by the Commissioner of Precinct 3 for discussion and possible action regarding Harris County employee "Mask Confusion", and whether the County Employee Mask Policy is in accordance with Governor Abbott's GA-36.

Background and Discussion:

[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]

Fiscal Impact:

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: <i>[Please identify the division where expenditures will be incurred]</i>			
Existing Budget			
Additional Appropriation Requested			
Total Expenditures			
Funding Sources			
Existing Department Budget			
Please Identify Funding Sources: Special Revenue, Grant, etc.			
[INSERT FUNDING SOURCES]			
Total Sources			

Alternatives:

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

Alignment with Strategic Objective:

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

Attachments:

[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]