



# Contra Costa County

## Position Adjustment Resolution (PAR) Form

This form is to be completed for midyear Position Adjustment Requests, for consideration outside the County's annual budget development process, per Administrative Bulletin No. 400 Section IV.C

### I. DEPARTMENT REQUEST

Agency and Dept Name:

Dept No(s).

Org No(s).

Action Type:

Net FTE Change:

Proposed Effective Date:

**Action Requested:**

*Use an additional sheet for further explanation or comments.*

**Fiscal Impact:**

Cost is within Department's Budget: Yes No

Total One-Time Cost:

Total Annual Cost:

Total this FY:

Net County Cost:

NCC this FY:

Source of Funding:

### II. COUNTY ADMINISTRATOR REVIEW

PAR No.

Comments:

\_\_\_\_\_  
(for) Department Head\_\_\_\_\_  
Date\_\_\_\_\_  
(for) County Administrator\_\_\_\_\_  
Date

### III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

HR Recommendation(s):

\_\_\_\_\_  
(for) Director of Human Resources\_\_\_\_\_  
Date

### IV. COUNTY ADMINISTRATOR APPROVAL

Approve HR Department Recommendation(s):

Yes

No

N/A

If No or N/A, CAO Recommendation(s):

BOS Approval Required:

Yes

No

Effective: Day following Board Approval

Date: \_\_\_\_\_

\_\_\_\_\_  
(for) County Administrator\_\_\_\_\_  
Date

### V. BOARD OF SUPERVISORS ACTION

Adjustment Resolution:

ADOPTED

OTHER ACTION: \_\_\_\_\_

**Monica Nino, Clerk of the Board of Supervisors  
and County Administrator**

By: \_\_\_\_\_

Date: \_\_\_\_\_



# Contra Costa County

## Position Adjustment Resolution (PAR) Form

The PAR form follows Administrative Bulletin 400, Position Management and Adjustments Policy. Departments submit this form for **Midyear Position Adjustment** requests for consideration outside of the County's annual budget development process.

Refer to Administrative Bulletin 400 for full policy details and contact your assigned CAO liaison for questions.

### Form Instructions

#### I. Department Request

This section is completed by the requesting department.

- Enter the **department details**: department agency number and name, dept number(s), and lowest level org(s). If multiple departments and/or org(s), enter 'various' under the fields and include the full listing under the Action Requested field.
- Select the **Action Type** from one of the listed options. If your request is not listed, select 'Other' and provide sufficient information under Action Requested.
- Indicate the **Proposed Effective Date**. Note, this date is a *proposal*, as it is ultimately determined through collaboration between the Human Resources Department and the County Administrator's Office.
- Input the **Net FTE Change**, if applicable.
- Under **Action Requested**, describe the position and/or classification adjustment(s) in detail.
- Complete the **Fiscal Impact** section.
  - Indicate whether the cost is within the department's budget by marking one of the boxes.  
*Note: Requests with budgetary impacts may require a budget amendment.*
  - Total One-Time Costs: Total one-time non-salary costs associated with request (i.e. equipment costs, etc.)
  - Total Annual Cost: Total salary and benefit costs for the full fiscal year.
  - Total this FY: Prorated salary and benefit costs for the current fiscal year.
  - Net County Cost (NCC): For General Fund budgets, the amount to be financed by General Purpose Revenue. This is the difference between budgeted appropriations and departmental revenues.
  - NCC this FY: Prorated NCC for the current fiscal year.
  - Source of funding: Identify the source(s) of funding (include percentage breakdown).
- Obtain authorized department approval, by Department Head or designee.

**Submit the PAR form as a PDF attachment in the agenda system, along with any other relevant or supporting documentation, with an agenda date of 9/9/2099.**

#### II. County Administrator Review

This section provides for an initial review of the request by the County Administrator's Office. Staff will assign a Position Adjustment Resolution Number (PAR No.) to the form, if releasing the request to the Human Resources Department for further study. If the request is not forwarded to Human Resources, the department will be notified.



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### III. Human Resources Recommendation

This section is completed by Human Resources staff, indicating HR's final recommendation of the request. If HR approves the request, the PAR form will be updated and released to the County Administrator's Office for final consideration. If HR does not approve the request, the County Administrator's Office and requesting department will be notified.

### IV. County Administrator Approval

This section is for final approval/disapproval or recommendation by the County Administrator's Office. If the request requires Board approval, the County Administrator's Office will submit the recommendation to the Board of Supervisors through the agenda system.

If the request does not require Board approval, the County Administrator's Office will provide **final administrative approval**.

*Note: In some cases, requests with significant changes arising through the process may require the requesting departments to provide additional information, such as staff report content and supporting documentation updates.*

### V. Board of Supervisors

If applicable, the Office of the Clerk of the Board will update this section upon Board of Supervisors adoption.

#### **Recordation of Midyear Position Adjustments:**

- PARs adopted by the Board of Supervisors will be recorded by the Clerk of the Board and routed to the Human Resources Department for processing.
- PARs approved administratively by the County Administrator will be sent directly to the Human Resources Department for processing.