



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: CCA16 Assessor Dept No(s). 0016 Org No(s). 1605
 Action Type: Reallocate salary Net FTE Change: 0.00 Proposed Effective Date: 03/04/2026

Action Requested:

AUTHORIZE Human Resources Department to conduct a classification and salary study for the Drafting Services Coordinator (NPGA) (represented) and the Computer Aided Drafting Operator (NPWB) (represented) classification found within the Assessor's Office.

Fiscal Impact:

Cost is within Department's Budget: Yes No

Total Annual Cost:
 Total this FY:
 Net County Cost:
 NCC this FY:
 Source of Funding:

Use an additional sheet for further explanation or comments.

II. COUNTY ADMINISTRATOR REVIEW

PAR No. 26470

Comments:

Released to HR for further study/review

Gus Kramer 07/01/2025
 (for) Department Head Date

Laura Strobel 07/01/2025
 (for) County Administrator Date

III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

ADOPT Position Adjustment Resolution No. 26470 to retitle the classification of Drafting Services Coordinator (NPGA) (represented) to Assessor's Mapping Supervisor (NPGA) (represented) and reallocate the salary from salary plan and grade ZA5 1565 (\$93,077.350 - \$113,136.071) to (\$99,611.374 - \$121,078.223); retitle the classification of Computer Aided Drafting Operator (NPWB) (represented) to Assessor's Mapping Technician (NPWB) (represented).

(for) Director of Human Resources: Alex Johnson Date: 02/19/2026

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: _____

Laura Strobel 02/26/2026
 (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: _____