



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: CCA18 Health Services Dept No(s). 0540 Org No(s). 6383
 Action Type: Other Net FTE Change: 0.00 Proposed Effective Date: 09/10/2025

Action Requested:

Add one part-time (24/40) Emergency Medicine-Exempt (VPS3) in salary plan and grade 1PX 1003 (\$24,898 - \$28,294) to 0540/6383 and decrease the hours of two (2) vacant full-time Emergency Medicine-Exempt (VPS3) pos. # 9336 and #9983 from 40/40 to 28/40.

Use an additional sheet for further explanation or comments.

Fiscal Impact:

Cost is within Department's Budget: Yes No
 Total Annual Cost: \$ 0.00
 Total this FY: \$ 0.00
 Net County Cost: \$ 0.00
 NCC this FY: \$ 0.00
 Source of Funding: Cost Neutral- Hospital EF I

Total One-Time Cost:

II. COUNTY ADMINISTRATOR REVIEW

PAR No. 26476

Comments:

Exempt from HR review under delegated authority

Mary Jane De Jesus-Saepharn 07/21/2025
 (for) Department Head Date

Sarah Kennard 08/19/2025
 (for) County Administrator Date

III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

(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: _____

Jason Chan 08/28/2025
 (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: *Am Boyd*
 Date: *9/16/2025*