

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

I. DEPARTMENT REQUEST				
Agency and Dept Name: Action Type: Action Requested:	Net FTE Change:		Dept No(s). Org No(s). Proposed Effective Date:	
Fiscal Impact:		Use an addition	al sheet for further exp	lanation or comments.
Cost is within Department's Budget: Yes	s No	Total One-Time Cost:		
Total Annual Cost: Total this FY: Net County Cost: NCC this FY: Source of Funding:		II. COUR PAR No. Comments:	NTY ADMINISTRATOF	REVIEW
(for) Department Head	Date	(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): Ye   If No or N/A, CAO Recommendation(s): Ye   BOS Approval Required: Yes No   Effective: Day following Board Approval Date: Date:	s No N/A (for) County Administrator Date		
V.	BOARD OF SUPERVISORS ACTION			
	Adjustment Resolution: ADOPTED OTHER ACT	ION:		
	Monica Nino, Clerk of the Board of Supervisors and County Administrator	By: Date:		