



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) County Administrator	_____ Date

(for) Department Head 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: _____

(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: _____