

## Contra Costa County Position Adjustment Resolution (PAR) Form

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

| I. DEPARTMENT R  | EQUEST   |   |   |   |                |                    |
|--|--|---|---|---|----------------|--------------------|
| Agency and Dept Name: CCA01 Board of Supervisors         |  |   |   | Dept No(s). 000                               | O1 Org No      | o(s). 1101         |
|  | Action Type: Add Position(s)  Net FTE C                      |   | e: 1.00                                 | Proposed Effect                               | tive Date: 1   | 2/08/2025          |
|  |  |   |   |   |                |                    |
| Action Requested:  | ent Resolution No. 26551 to a                                | dd ono (1) full time i                        | ROS Chief of                            | Staff-Exempt position                         | n 00002485 at  | salary plan grade  |
| B85 1021 in the District C                               | One Office effective December                                | 8, 2025, until Decer                          | nber 31, 2025                           | 5, in the District One                        | Office.        | odially plan grade |
|  |  |   |   |   |                |                    |
|  |  |   |   |   |                |                    |
| Fiscal Impact:   |  | Use a   | an additiona                            | i sheet for further                           | explanation (  | r comments.        |
|  | rtment's Budget: Yes   | No To   | Total One-Time Cost:                    |   |                |                    |
| Total Annual Cost: 5                                     | l Annual Cost: \$ 14,557.00                                  |   | I. COUN                                 | TY ADMINISTRAT                                | TOR REVIEW     |                    |
|  | \$ 14,557.00   | PΔ  | PAR No. 26551                           |   |                |                    |
| Net County Cost: (                                       | \$ 14,557.00   |   |   |   |                |                    |
|  | \$ 14,557.00   |   | Comments:                               |   |                |                    |
| Source of Funding:                                       | 100% General Fund  | R   | Released to HR for further study/review |   |                |                    |
| and had alf of Company                                   | vices Cipio 12/0   | 2/2025  | Chrystine I                             | Robbins                                       |                | 12/03/2025         |
| on behalf of Super<br>(for) Departmen                    |  | 3/2025<br>Date -                              |   | County Administra                             | ator           | Date               |
| (lor) Departmen  | Tricad 5   |   |   |   |                |                    |
|  | RCES (HR) REVIEW/REC   |   |   |   |                |                    |
| DOPT Position Adjustment                                 | Resolution No. 26551 to add<br>be effective December 8, 2025 | one (1) full-time BOS<br>. until December 31, | S Chief of Sta<br>2025, in the          | ff-Exempt position 00<br>District One Office. | 0002485 at sal | ary plan grade B85 |
| oz i iii dio Biodioi e iii                               | ,  | ,   |   |   |                |                    |
|  |  |   |   |   |                |                    |
|  |  |   |   | 40/0  | 0.0005         |                    |
| (for) Director of Human Resources: Ann Elliott Date: 12/ |  |   |   |   |                | 3/2025             |
| IV. COUNTY ADMII   | NISTRATOR APPROVAL   |   |   |   |                |                    |
| • •  | partment Recommenda  |   | · 🗆                                     | No N/A  |                |                    |
|  | A, CAO Recommendation(                                       |   |   |   |                |                    |
| BOS Approval R   | <b>equired:</b>  | 0   |   |   |                | _                  |
|  | ay following Board Appro                                     | val   | Diana O                                 |   | P              | 12/03/2025         |
| ✓D   | ate: <u>12/08/2025</u>                                       |   | (tor)                                   | County Administ                               | rator          | Date               |
| V. BOARD OF SUP  | ERVISORS ACTION  |   |   |   |                |                    |
| Adjustment Res   | solution: 🚺 ADOPTED  | OTHER ACT                                     | би:                                     | /   |                |                    |
| Monica Nino Cl   | erk of the Board of Super                                    | visors  | By:                                     | ne Mell                                       | her            |                    |
| and County Adn   |  | 25  | Date:                                   | 12-09-20                                      | 225            |                    |
|  |  |   | 1 /                                     |   |                |                    |

PAR Form – 01/2025 rev.