PAR No. 26609

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). 0450 Org No(s). 5754

Action Type: Reclassification Net FTE Change: 0.00 Proposed Effective Date:

Action Requested:

ADOPT Position Adjustment Resolution No. XXXXX to reclassify seven (7) Community Health Worker II (VKVB), and the incumbents, in position numbers 16980, 16985, 16987, 16969, 16973, 16984, and 16982, at salary plan and grade TC5 1103 ($5,510.42 - $6,697.95) to Community Health Worker Specialist (VKTA) at salary plan and grade TC5 1103 ($5,510.42 - $6,697.95) in the Health Services Department. See Attachment A.

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: $ 52,116.68

Total this FY: $ 13,029.17

Net County Cost: $ 0.00

NCC this FY: $ 0.00

Source of Funding: 100% State

Mary Jane De Jesus-Saepharn — (for) Department Head

05/07/2026 — Date

II. COUNTY ADMINISTRATOR REVIEW

PAR No. 26609

Comments:

Released to HR for further study/review

Jason Chan — (for) County Administrator

05/27/2026 — Date

III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

Reclassify seven Community Health Worker II (VKVB) (represented), and the incumbents, in position numbers 16980, 16985, 16987, 16969, 16973, 16984, and 16982, at salary plan and grade TC5 1043 ($5,192.59 - $6,311.62) to Community Health Worker Specialist (VKTA) (represented) at salary plan and grade TC5 1103 ($5,510.42 - $6,697.95)

(for) Director of Human Resources: Gladys Reid Date: 06/03/2026

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: _____

_____ (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: _____