

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 REQUEST				
Agency and Dept Name:		Dept No(s).	Org No(s).	
Action Type:	Net FTE Change:	Proposed Effective Da	Proposed Effective Date:	
Action Requested:				
	Llee on od			
Fiscal Impact:		ditional sheet for further explar	iation of comments.	
Cost is within Department's Budget: Yes		ne-Time Cost:		
Total Annual Cost: Total this FY:	II.	COUNTY ADMINISTRATOR R	EVIEW	
Net County Cost:	PAR No	).		
NCC this FY:	Comme	ents:		
Source of Funding:				
(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 Recommenda If No or N/A, CAO Recommendation(s		No N/A		
BOS Approval Required: Yes N	0			
Effective: Day following Board ApproDate:	val	(for) County Administrator	Date	
V. BOARD OF SUPERVISORS ACTION				
Adjustment Resolution: ADOPTED OTHER ACTION:				
Monica Nino, Clerk of the Board of Super and County Administrator		 B:		