



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: CCA03 County Administrator

Dept No(s). 0003 Org No(s). 1200

Action Type: Add/Cancel Position(s)

Net FTE Change: 0.00

Proposed Effective Date: 01/01/2026

Action Requested:

1. ADD one (1) full-time Deputy County Administrator-Exempt (ADH1) position in the County Administrator's Office, effective January 1, 2026; and
2. CANCEL one (1) full-time Senior Deputy County Administrator (ADDH) (position # 6424) in the County Administrator's Office, effective once vacated by the current incumbent.

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: \$ 4,148.00

II. COUNTY ADMINISTRATOR REVIEW

Total this FY: \$ 4,148.00

PAR No. 26558

Net County Cost: \$ 4,148.00

Comments:

NCC this FY: \$ 4,148.00

Released to HR for further study/review

Source of Funding: 100% General Fund, Budgeted

Timothy M. Ewell

12/31/2025

(for) Department Head

Date

(for) County Administrator

Date

III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

Add one (1) full-time Deputy County Administrator-Exempt (ADH1) position in the County Administrator's Office, effective January 1, 2026; and cancel one (1) full-time Senior Deputy County Administrator (ADDH) (position # 6424) in the County Administrator's Office, effective once vacated by the current incumbent.

(for) Director of Human Resources: Amanda Monson

Date: 01/02/2026

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

(for) County Administrator

Date

Date: _____

V. BOARD OF SUPERVISORS ACTION

Adjustment Resolution: ADOPTED OTHER ACTION: _____

*Monica Nino, Clerk of the Board of Supervisors
and County Administrator*

By: _____

Date: _____