PAR No. 26402

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: CCA30 Probation

Dept No(s). 0308 Org No(s). 3000

Action Type: Reclassification

Net FTE Change:

Proposed Effective Date: 03/01/2025

Action Requested:

To reclassify one (1) Materiel Manager (VCGA) (represented) position (719) and its incumbent from salary plan and grade ZA5 1604 ($7,677 – $9,332) to Program and Projects Coordinator (APHA) (represented) at salary plan and grade ZA2 1771 ($9,332 – $11,370) in the Probation Department.

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: $ 24,456.00

Total this FY: $ 24,456.00

Net County Cost:

NCC this FY:

Source of Funding: General Fund

SS for Esa Ehmen-Krause — (for) Department Head — 01/21/2025 — Date

II. COUNTY ADMINISTRATOR REVIEW

PAR No. 26402

Comments:

Released to HR for further study/review

Elizabeth Farrell — (for) County Administrator — 03/05/2025 — Date

III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

ADOPT Position Adjustment Resolution No. 26402 to reclassify one (1) Materiel Manager (VCGA) (represented) position, and its incumbent (Pos #719), to a Program and Projects Coordinator (APHA) (represented) position in the Probation Department.

(for) Director of Human Resources: Chris Miller

Date: 03/27/2025

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: _____