

This form is to be completed for midyear Position Adjustment Requests, for consideration <u>outside the</u> <u>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 C	Change:	Proposed Effective Da	
Action Requested:		-		
		Use an addition	al sheet for further explan	nation or comments.
Fiscal Impact: Cost is within Department's Budget:	Yes No	Total One-Tir	ne Cost:	
Total Annual Cost:		II. COUNTY ADMINISTRATOR REVIEW		
Total this FY:				
Net County Cost:		PAR No.		
NCC this FY:		Comments:		
Source of Funding:				
(for) Department Head	Date	(for)	County Administrator	Date
III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION				
HR Recommendation(s):				
		(for) Dira	ator of Human Dagaura	Dete
	N/A1		ctor of Human Resource	es Date
IV. COUNTY ADMINISTRATOR APPRC				
Approve HR Department Recom If No or N/A, CAO Recomm		Yes	No N/A	
BOS Approval Required: Yes	No			
Effective: Day following Board				
Date:		(for)	County Administrator	Date
V. BOARD OF SUPERVISORS ACTION				
Adjustment Resolution: ADOPTED OTHER ACTION:				
Monica Nino, Clerk of the Board of	Supervisors	-		
		Date:		
and County Administrator				