C.57



This form is to be completed for midyear Position Adjustment Requests, for consideration <u>outside the</u> County's annual budget development process, per Administrative Bulletin No. 400 Section IV.C

I. DEPARTMENT REQUEST				60.81 STATE
gency and Dept Name: CCA18 Health Services ction Type: Reassign Net FTE		hange:	Dept No(s). 7406 Org	g No(s). <sup>6543</sup> 03/12/2025
Action Requested: Reassign Secretary-Advanced Level (J3TG) p Care Coordinator pos # 16729 & 16550, and p Emergency Medical Services (7406,7406).				
Fiscal Impact: Cost is within Department's Budget: ✓ Ye	es 🗌 No		tional sheet for further explanation	on or comments.
Total Annual Cost: \$ 1,084,658.67  Total this FY:  Net County Cost:  NCC this FY:  Source of Funding: Serv Area Em-1 Zone B		II. COUNTY ADMINISTRATOR REVIEW  PAR No. 26419  Comments: Released to HR for further study/review		
II. HUMAN RESOURCES (HR) REVIEW/RI HR Recommendation(s): See Attachmo				AT USE OF
			n Ludwig Director of Human Resources	03/17/2025 Date
V. COUNTY ADMINISTRATOR APPROVAL	100	100		
Approve HR Department Recommer If No or N/A, CAO Recommends	_	Yes	□ No □N/A	
BOS Approval Required: Yes	]No			
Effective: Day following Board App	oroval		(for) County Administrator	Date
V. BOARD OF SUPERVISORS ACTION	A STATE OF THE	1	THE ARMS TO SEE	
Adjustment Resolution: [8]ADOPTE	O OTHER	ACTION: _	mall	
Monica Nino, Clerk of the Board of Sup and County Administrator	ervisors	By: Date:	cre Maur	