



# 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:

Dept No(s).

Org No(s).

Action Type:

Net FTE Change:

Proposed Effective Date:

**Action Requested:**

*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:

Total this FY:

Net County Cost:

NCC this FY:

Source of Funding:

\_\_\_\_\_  
(for) Department Head\_\_\_\_\_  
Date

### II. COUNTY ADMINISTRATOR REVIEW

PAR No.

Comments:

\_\_\_\_\_  
(for) County Administrator\_\_\_\_\_  
Date

### III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

HR Recommendation(s):

\_\_\_\_\_  
(for) Director of Human Resources\_\_\_\_\_  
Date

### 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: \_\_\_\_\_