



RESOLUTION NO. _____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO
AMENDING THE AUTHORIZED PERSONNEL ALLOCATION RESOLUTION
WITHIN EL DORADO COUNTY**

BE IT RESOLVED AND ORDERED, that the El Dorado County Board of Supervisors authorize the Director of Human Resources to make any technical corrections if needed;

NOW BE IT FURTHER RESOLVED AND ORDERED, that the Board of Supervisors of El Dorado County does hereby amend, modify and/or alter its Authorized Personnel Allocation Resolution of Positions of El Dorado County as set forth below:

Department	Class No.	Class Title	Departmental Total Positions			
			Allocated	Filled	Proposed	Grand Total
Mental Health	8633	Supervising Mental Health Worker	0	0	+1.0	1.0
Mental Health	8204/ 8205/ 8206	Mental Health Program Coordinator IA / IB / II	13	10	-1.0	12.0

Director of Human Resources

Date

Department Head confirms that the above represents the department's current and proposed allocation of positions.

Department Head

Date

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the _____ day of _____, 2008, by the following vote of said Board:

Ayes:

Attest:

Cindy Keck

Noes:

Absent:

Clerk of the Board of Supervisors

By: _____
Deputy Clerk Chairman, Board of Supervisors

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

Attest: CINDY KECK, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By: _____
Deputy Clerk