



RESOLUTION NO. _____

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

WHEREAS, in accordance with Section 501 of the El Dorado County Salary and Benefits Resolution #323-2001 applicable to unrepresented employees, and Section 202 of the El Dorado County Compensation Administration Resolution #227-84 applicable to represented employees, the Board of Supervisors shall, by Resolution, specify the number and classification of all authorized positions for each department in the County; and

WHEREAS, Resolution #180-2008 established the authorized Personnel Allocation based on the Fiscal Year 2008-2009 Final Budget and has been subsequently amended by action of the Board; and

WHEREAS, funding is available in the Child Support Services Department, Revenue Recovery Division FY 2008-09 budget; and

NOW, THEREFORE, BE IT FURTHER RESOLVED AND ORDERED, the following allocation changes as shown below are hereby adopted and the Authorized Personnel Allocation Resolution for fiscal year 2008-09 is amended as follows effective immediately:

Class No.	Child Support Services Class Title	Departmental Total Positions			
		Allocated	Filled	Proposed	Proposed Total Allocation
7111	Information Systems Coordinator	0	0	+1.0	1.0
7801/ 7802	Staff Services Analyst I/II	0	0	+1.0	1.0
2112	Executive Secretary	0	0	+1.0	1.0
7702/ 7703	Child Support Specialist I/II	22.0	20.0	+2.0	24.0

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 _____, 2009, by the following vote of said Board:

Attest:
Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

Ayes:

Noes:
Absent:

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: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By: _____
Deputy Clerk

DRAFT