



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 Interim 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
Transportation	0325	Chief Fiscal Officer	0	0	+1	1
Transportation	1311	Transportation Fiscal Services Manager	1	1	-1	0
Transportation	1301	Administrative Services Officer	5	5	+1	6
Transportation	7903	Sr. Department Analyst	3	3	-1	2
Transportation	2204	Sr. Fiscal Assistant	2	2	+1	3
Transportation	2203	Fiscal Technician	3	2	-1	2
Transportation	0291	Deputy Director of Engineering	3	3	+1	4
Transportation	4107	Sr. Civil Engineer	16	12	-1	15
Transportation	7901/ 7902	Department Analyst I/II	4	4	+2	6
Transportation	1305	Administrative Technician	8	6	-1	7
Transportation	2205	Fiscal Services Supervisor	0	0	+1	1
Transportation	3306	Supervising Accountant/ Auditor	0	0	+1	1
Transportation	2201/ 2202	Fiscal Assistant I/II	0	0	+1	1
Transportation	4105	Associate Civil Engineer	7	7	+1	8
Transportation	4203	Sr. Planner	3	3	+1	4
Transportation	2101/ 2102	Office Assistant I/II	0	0	+1	1

Interim 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:

Ayes:

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

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
