## RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, in accordance with Section 1302 of the County of El Dorado Personnel Rules Resolution \#0152014 applicable to represented employees, and Section 401 of the El Dorado County Salary and Benefits Resolution \#039-2018 applicable to unrepresented employees, the Board of Supervisors shall by Resolution specify the number and classification of all authorized positions for each department of the County; and

NOW, THEREFORE, BE IT RESOLVED, the Board of Supervisors of the County of El Dorado authorizes the Director of Human Resources to make any technical corrections if needed.

BE IT FURTHER RESOLVED, that the Board does hereby adopt the allocation change and amends the Authorized Personnel Allocation Resolution \#132-2018 as set forth below, effective the first pay period following adoption.

| Allocation Change |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Department | Job Class <br> No. | Class Title | Allocated | Filled | Proposed | New <br> Allocation |  |  |
| Sheriff's Office | $2716 / 2717$ | Sheriff's Technician I/II | 28.0 | 28.0 | +4.0 | 32.0 |  |  |

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the $\qquad$ day of $\qquad$ , 2018, by the following vote of said Board:

Ayes:

Attest:
James S. Mitrisin
Clerk of the Board of Supervisors
By:
Deputy Clerk

Noes:
Absent:

Michael Ranalli, Chair, Board of Supervisors

## CONTRACT ROUTING SHEET



Need Date: $7 / 6 / 18$
CONTRACTOR:
Name:
Address:
Phone:

CONTRACTING DEPARTMENT: Human Resources
Service Requested: Review Reso for $7 / 17$ Board Item 18-1069 (Add Sheriff Technicians) Contract Term: Contract Value:
$\$ 0.00$
Compliance with Human Resources requirements?
Yes:
No:
Compliance verified by:
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Disapproved: Disapproved: $\qquad$
Date:
Date:


By:
By:


## PLEASE FORWARD TO RISK MANAGEMENT. THANKS

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:
Approved:
Disapproved:

- Date:
Date:
By:
$\qquad$
2
$\qquad$
$\qquad$
$\qquad$

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
$\begin{array}{ll}\text { Approved: } \\ \text { Approved: } & \text { Disapproved: } \\ \square & \text { Date: } \\ \square & \text { Disapproved: } \\ \square & \text { Date: }\end{array}$

