

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2023.01**  
**Assignment Date: 01/10/23**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:**

|   |                                       |  |
|---|---------------------------------------|--|
| Date: 1/3/2023  | Submitted By: Supervisor Glenn Church | District #: 2  |
| Referral Title: Increase Staffing Flexibility in Supervisorial Offices  |                                       |  |
| Referral Purpose:<br>To allow each supervisorial office greater opportunity to tailor its staffing to meet the needs of its district's constituents   |                                       |  |
| Brief Referral Description (attach additional sheet as required):<br>Currently, each supervisorial office can hire a single executive assistant, policy analyst and chief of staff. However, each supervisor's district has a unique blend of rural/urban, socioeconomic and policy issues that may not be best addressed by a one-size fits all staffing policy. This referral is to consider allowing each supervisor's office the option of hiring multiple staff for each available position as long as the office stays within the current budget formula for salaries and benefits. |                                       |  |
| <b>Classification - Implication</b>   |                                       | <b>Mode of Response</b>  |
| <input type="checkbox"/> Ministerial / Minor<br><input type="checkbox"/> Land Use Policy<br><input type="checkbox"/> Social Policy<br><input type="checkbox"/> Budget Policy<br><input type="checkbox"/> Other: __BOS__   |                                       | <input type="checkbox"/> Memo    x <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation  |
|   |                                       | <b>Requested Response Timeline</b>   |
|   |                                       | <input type="checkbox"/> 2 weeks    x <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks<br><input type="checkbox"/> Status reports until completed<br><input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____ |

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

|                |                |             |
|----------------|----------------|-------------|
| Department(s): | Referral Lead: | Board Date: |
|----------------|----------------|-------------|

**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

|  |   |                               |
|--|---|-------------------------------|
| Department(s): <a href="#">Human Resources</a> | Referral Lead: <a href="#">Irma Rodriguez-Bough</a> | Date: <a href="#">1/10/23</a> |
|--|---|-------------------------------|

**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

|  |  |
|--|--|
| Department analysis of resources required/impact on existing department priorities to complete referral: |  |
| Analysis Completed By:<br>_____<br><br>Date: _____   | <b>Department's Recommended Response Timeline</b><br><input type="checkbox"/> By requested date<br><input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months<br><input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____ |

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

|                         |                 |                          |
|-------------------------|-----------------|--------------------------|
| Referral Response Date: | Board Item No.: | Referrals List Deletion: |
|-------------------------|-----------------|--------------------------|

**Note:** Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.