

**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: 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): 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.		
Classification - Implication		Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: ___BOS_____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation	
	Requested Response Timeline	
	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <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:
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s): Human Resources	Referral Lead: Irma Rodriguez-Bough	Date: 1/10/23
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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: _____	Department's Recommended Response Timeline
Date: _____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <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:
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Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.