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## Salary Resolution Amendment (SRA) Request Form

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To request an amendment to your Master Salary Resolution, please email the information listed below to Lisa Yapching ([lyapching@smcgov.org](mailto:lyapching@smcgov.org)). Amendments could be converting a vacant position (add/delete), deleting a vacant position, adding a new position, splitting full-time positions to half-time, combining half-time positions to full-time, and conversion of unclassified to classified positions.

Reclassification of positions, changes to compensation and Measure D (unclassified to classified) conversions can only be initiated by the Human Resources Department.

Increasing FTEs or converting positions to another classification/job profile in the same Alt-Series or Flex Series do not require an SRA.

**For add/deletes, delete only or splitting/combining of positions:**

- 1) Position # (to amend): \_\_\_\_\_
- 2) Budget Org of 1<sup>i</sup>: \_\_\_\_\_
- 3) Job Code/Profile of 1: \_\_\_\_\_
- 4) Job Code to Amend 1 to: \_\_\_\_\_
- 5) Budget Org for 4 if different from 2: \_\_\_\_\_
- 6) Name of Supervisor for 4: \_\_\_\_\_
- 7) Brief Reason for the Amendment: \_\_\_\_\_
- 8) Fiscal Impact (monthly):<sup>ii</sup> \_\_\_\_\_

**For add only:**

- 1) Job Code/Profile to Add: \_\_\_\_\_
- 2) Budget Org for 1: \_\_\_\_\_
- 3) Name of Supervisor for 1: \_\_\_\_\_
- 4) Brief Reason for Position Add: \_\_\_\_\_
- 5) Fiscal Impact (monthly):<sup>iii</sup> \_\_\_\_\_

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<sup>i</sup> For example: 1600B – County Counsel

<sup>ii</sup> Calculate salary/benefits for 1 and 4 (top monthly salary x 53% for benefits). Subtract 4 from 1.

<sup>iii</sup> Top monthly salary x 53%

**For questions regarding the SRA, please contact Lisa Yapching at x4381 or by email.**