

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814  
(916) 322-5802



November 2, 1979

ALL-COUNTY INFORMATION NOTICE I- 121-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1979/80

REFERENCE:

The Department of Social Services is transmitting the FY 1979/80 CWD Salary and Benefit Statement (DFA 442) for purposes of updating AFDC and NAFS administrative allocations. In order to develop allocations which reflect FY 1979/80 salary and benefit cost-of-living increases, the attached statement must be completed as soon as actual information is available.

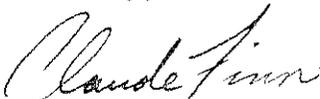
The attached statement requests, in Section I and II, a breakout of salary and benefit cost-of-living increases granted to specific categories. Section III on the reverse side of the statement is the total cost-of-living increases granted to the specific categories. Section IV requests an explanation of the reasons for categories granted a total cost-of-living increase in excess of six percent.

The average cost-of-living percentage of increases in Section I and II should be based on the respective categories' salary pools and should be computed in accordance with the instructions on the DFA 442. Supply data in Section I, II and III in decimal fraction amounts carried out two places (example, 5.72). If there is nothing to report in a line item, enter "N/A" (not applicable). Remember that all data must be based on actual amounts granted and not estimated increases. Please maintain detailed back-up information on the data submitted in order to facilitate verification, should discrepancies arise.

The six percent limitation on cost-of-living increases to county employees originally referenced in the Budget Act of 1979, has been rescinded in Chapter 1133, Statutes of 1979. The County Administrative Expense Control Bureau, however, will require completion of Section IV for any cost-of-living increase in excess of six percent for informational purposes only.

If you have any questions, please contact Walter Menda of the County Administrative Expense Control Bureau at (916) 322-5802.

Sincerely,

  
CLAUDE E. FINN  
Deputy Director

**CWD SALARY AND BENEFIT STATEMENT -  
FISCAL YEAR 1979/80**

County \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone \_\_\_\_\_

**I. FY 1979/80 Average Cost-of-Living Salary Increase**

	FY 1979/80 <u>1/</u>	
	PERCENTAGE CHANGE	EFFECTIVE DATE
a. Eligibility and Nonservices ..	_____ %	____/____/____
b. Clerical Support .....	_____ %	____/____/____
c. Administrative Support .....	_____ %	____/____/____

1/ Based on CWD Salary Pools.  
 FY 1979/80 Salary Pool ÷ FY 1978/79 Salary Pool.

**II. FY 1978/79 and FY 1979/80 Average Benefits Paid by County**

BENEFITS CONTRIBUTION	AVERAGE CWD RATE <u>2/</u>		EFFECTIVE DATE	
	FY 1978/79 <u>3/</u>	FY 1979/80 <u>4/</u>	FY 1978/79	FY 1979/80
a. OASDI .....	_____ %	_____ %	____/____/____	____/____/____
b. Retirement.....	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance .....	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance .....	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation .....	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)				
_____	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	____/____/____	____/____/____
TOTAL RATE <u>5/</u> .....	_____ %	_____ %		

2/ If able to supply break-out between Eligibility and Nonservices, Clerical Support and Administrative Support, attach additional data on a similar format.

3/ FY 1978/79 Total Paid Contributions ÷ FY 1978/79 Salaries.

4/ FY 1979/80 Total Paid Contributions ÷ FY 1979/80 Salaries.

5/ Checkpoint: Total Rate must equal the sum of Items A. through F.

**RETURN TO:**  
 County Administrative Expense Control  
 Department of Social Services  
 744 P Street, Mail Station 13-78  
 Sacramento, California 95814

III. FY 1979/80 Average Cost-of-Living Salary and Benefit Increase

	FY 1979/80 <u>6/</u>
	PERCENTAGE CHANGE
a. Eligibility and Nonservices..	_____ %
b. Clerical Support .....	_____ %
c. Administrative Support.....	_____ %

6/ Section I. Salary Increase + (Section II. FY 1979/80 Total Rate – FY 1978/79 Total Rate).

IV. Provide explanation of any cost category within Section III. above receiving cost-of-living increases in excess of 6.00 percent.

a. Eligibility and Nonservices:

b. Clerical Support:

c. Administrative Support:

*I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1979/80.*

\_\_\_\_\_  
SIGNATURE OF COUNTY WELFARE DIRECTOR

\_\_\_\_\_  
SIGNATURE OF COUNTY AUDITOR