

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



September 30, 1983

ALL-COUNTY INFORMATION NOTICE NO. 1-107-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT, FY 1983/84

The Department of Social Services is transmitting the FY 1983/84 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed as soon as actual information is available, and returned to the County Administrative Expense Control Bureau.

As in State FY 1982/83, the Budget Act of 1983 prohibits the allocation of county administrative funds for AFDC, NAFS, Social Services, Adoptions, CCL, and Medi-Cal which would provide any percentage increase for personal and non-personal services. However, information on cost-of-living increases is required as it provides the data necessary to determine the salary level appropriate for allocation and reimbursement purposes.

The attached statement requires FY 1983/84 actual cost-of-living salary increases granted by the Board of Supervisors, and FY 1983/84 average benefits paid by the county. 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. An instruction sheet is attached to facilitate completion of the form.

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


JAMES H. GOMEZ
Deputy Director
Administration

Attachment

cc: CWDA

INSTRUCTIONS FOR USE OF THE CWD SALARY AND BENEFIT STATEMENT
DFA 442 - FISCAL YEAR 1983/84

Supply data in Sections I through III in decimal fraction amounts carried out two places, (example: 6.67%). If there is an item that is not applicable, enter "N/A". All data must be based on actual amounts granted and not estimated increases. Please maintain detailed back-up information on the data submitted to facilitate verification, if needed.

Section I - FY 1982/83 and FY 1983/84 Average Benefits Paid by County

Column 1 equals FY 1982/83 Total Paid Contributions ÷ FY 1982/83 Salaries.

Column 2 equals Projected FY 1983/84 Total Paid Contributions ÷ Projected FY 1983/84 Salaries.

Column 3 equals Net Benefit Rate Difference or Column 2 minus Column 1. Total rate, item g must equal the sum of items a through f.

Column 4 is the effective date of FY 1982/83 benefits.

Column 5 is the effective date of FY 1983/84 benefits.

Section II - FY 1982/83 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

Column 1 enter salary increase amount granted by the County Board of Supervisors. If a given salary pool (i.e., clerical) had different cost-of-livings granted, use a weighted average for that classification.

Column 2 is the effective date of FY 1983/84 salary increases.

Section III - FY 1983/84 Combined Cost-of-Living Salary and Benefit Increase Granted

Section III combines the Salary Increases Granted from Section II with the Total Net Benefit Rate increases from Section I to derive the combined cost-of-living increases, granted for FY 1983/84.

Column 1 equals Section I Total Net Benefit Rate plus Salary Increase, by classification in Section II.

Example: Section I, Column 3, item g "Total Benefit Net Rate" 3.27%
Section II, Column 1, item a "Eligibility and Nonservices" 6.67%
= Section III, Column 1, item a "FY 1983/84 Percentage Change" 9.94%

Note: Total Net Benefit Rate remains constant for this calculation.

Section IV - Provide explanation of any changes that would affect any cost category individually, or in total, such as change in number of workweek hours.

CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1983/84

County _____

Contact _____

Title _____

Telephone _____

I. FY 1982/83 and FY 1983/84 Average Benefits Paid by County

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1982/83	(2) FY 1983/84	(3) NET RATE (Col. 2 - 1)	(4) FY 1982/83	(5) FY 1983/84
a. OASDI.....	_____ %	_____ %	_____ %	___/___/___	___/___/___
b. Retirement.....	_____ %	_____ %	_____ %	___/___/___	___/___/___
c. Health Insurance.....	_____ %	_____ %	_____ %	___/___/___	___/___/___
d. Life Insurance.....	_____ %	_____ %	_____ %	___/___/___	___/___/___
e. State Compensation.....	_____ %	_____ %	_____ %	___/___/___	___/___/___
f. Other: (specify)					
_____	_____ %	_____ %	_____ %	___/___/___	___/___/___
_____	_____ %	_____ %	_____ %	___/___/___	___/___/___
g. TOTAL RATE.....	_____ %	_____ %	_____ %	___/___/___	___/___/___

II. FY 1983/84 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

COST OF LIVING	(1) PERCENTAGE GRANTED FY 83/84	(2) EFFECTIVE DATE
a. Eligibility and Nonservices	_____ %	___/___/___
b. Clerical Support.....	_____ %	___/___/___
c. Administrative Support	_____ %	___/___/___
d. Fraud Investigators	_____ %	___/___/___
e. Social Services.....	_____ %	___/___/___

RETURN TO:

County Administrative Expense Control
Department of Social Services
744 P Street, Mail Station 8-200
Sacramento, California 95814

III. FY 1983/84 Average Cost-of-Living ary and Benefit Increase Granted

TOTAL SALARIES AND BENEFITS	(1) FY 1983/84 PERCENTAGE CHANGE
a. Eligibility and Nonservices	_____ %
b. Clerical Support	_____ %
c. Administrative Support	_____ %
d. Fraud Investigators	_____ %
e. Social Services	_____ %

IV. Provide explanation of any changes within the county that would affect any cost category individually or in total, such as change in the number of workweek hours.

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 1983/84.

DATE _____ SIGNATURE OF COUNTY WELFARE DIRECTOR _____

DATE _____ SIGNATURE OF COUNTY AUDITOR _____