STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

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

December 22, 1997

COUNTY FISCAL LETTER (CFL) NO. 97/98-39

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: COUNTY WELFARE DEPARTMENT (CWD) SALARY AND BENEFIT STATEMENT, FISCAL YEAR (FY) 1997/98

The California Department of Social Services is transmitting the FY 1997/98 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed and returned to the County Cost Analysis Bureau by February 1, 1998.

The information for FY 1997/98 is needed at this time for the FY 1998/99 Proposed County Administrative Budget (PCAB) process. The attached form requires information for the current and prior fiscal years. For FY 1996/97, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1997/98, we are requesting the Cost of Living increases (COLA) granted by the board of supervisors and the computation of the estimated benefit rate. It is imperative that this form be returned with the signatures of both the County Welfare Director and the County Auditor. If the COLA information is not available when this form is due, please provide what is available at the time and submit a revised form as soon as the information becomes available.

To facilitate completion of the form, we have attached an instruction sheet which addresses issues such as weighted averages and annualizing. If you have any questions, please contact Julio Rodriguez of the County Cost Analysis Bureau at (916) 657-3806.

Douglas D. Park, Chief
Financial Planning Branch

Attachments

c: CWDA

INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND BENEFIT STATEMENT (DFA 442) - FISCAL YEAR (FY) 1997/98

Supply data in Sections I and II in decimal fraction amounts carried out to the hundredth (Example: 6.67%). If an item is not applicable, enter "N/A". Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: In Section I, if the effective dates of any benefit increases do not start on July 1, please annualize where necessary so these increases would be on a state fiscal cycle. This will not be necessary in Section II. Therefore, in Section II, please reflect the actual salary increases regardless of the effective dates.

Section I: FY 1996/97 and FY 1997/98 Average Benefits Paid by the County

Column 1 equals FY 1996/97 Total Paid Contributions divided by FY 1996/97 Salaries.

Column 2 equals Projected FY 1997/98 Total Paid Contributions divided by Projected FY 1997/98 Salaries.

Column 3 equals Net Benefit Rate Difference (Column 2 minus Column 1).

The Total Rate, line g, must equal the sum of lines a through f in each column.

Column 4 is the effective date of FY 1996/97 benefits.

Column 5 is the effective date of FY 1997/98 benefits.

Section II: FY 1997/98 COLA Increase Granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the county board of supervisors. (Note: If a given salary pool (e.g., clerical) had different COLAs granted within that pool, use a weighted average for the pool.)

Column 2 is the effective date of FY 1997/98 salary increases.

Section III: Retirement Credits (PERS)

Reflect percentages only if the county received a retirement credit **and** the credit was utilized to reduce the amount claimed in your salary and benefit pools on the Administrative Expense Claim for the respective fiscal year.

Section IV:

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

CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1997/98

County: _____

Contact: _____

Title: _____

Telephone: _____

RETURN TO:

County Cost Analysis Bureau
Department of Social Services
744 P Street, MS 8-200
Sacramento, CA 95814

I. FY 1996/97 and FY 1997/98 Average Benefits Paid By County

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1996/97	(2) FY 1997/98	(3) Net Rate (Col.2-1)	(4) FY 1996/97	(5) FY 1997/98
a. OASDI	____%	____%	____%	__/__/__	__/__/__
b. Retirement 1/	____%	____%	____%	__/__/__	__/__/__
c. Health Insurance	____%	____%	____%	__/__/__	__/__/__
d. Life Insurance	____%	____%	____%	__/__/__	__/__/__
e. State Compensation	____%	____%	____%	__/__/__	__/__/__
f. Other (specific)	____%	____%	____%	__/__/__	__/__/__
_____	____%	____%	____%	__/__/__	__/__/__
g. TOTAL RATE	____%	____%	____%	__/__/__	__/__/__

1/ Retirement should reflect your retirement rate after any rebate if the rebate was used to reduce the amount claimed in your Salary and benefit pools on the Administrative Expense Claim for the respective fiscal year.

II. FY 1997/98 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

COST OF LIVING	(1) PERCENTAGE GRANTED FY 97/98	(2) EFFECTIVE DATE
a. Social Services	____%	____/____/____
b. Eligibility and Nonservices	____%	____/____/____
c. Fraud Investigators	____%	____/____/____
d. Clerical Support	____%	____/____/____
e. Administrative Support	____%	____/____/____
f. EDP Staff	____%	____/____/____
Employment Services	____%	____/____/____

III. Retirement Credits (PERS)

Reflect percentages only if county received a retirement credit and the credit was utilized to reduce the amount claimed in your salary and benefit pools on the Administrative Expense Claim for the respective fiscal year.

FY 96/97 Credit Percentage Rate: _____%

FY 97/98 Credit Percentage Rate: _____%

FY 98/99 Credit Percentage Rate: _____%

IV. Provide an explanation of any changes within the county that will 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 1997/98.

_____
SIGNATURE OF COUNTY WELFARE DIRECTOR

_____
SIGNATURE OF COUNTY AUDITOR

I _____

Date:_____