

**Agency Report of:  
New Positions**

**A Public Document**

**California Form 804**


<b>1. Agency Name</b> (Also include, Division, Department, or Region (if applicable)) City of Escondido		<input type="checkbox"/> <b>Amendment</b>  Date of Original Filing: <u>12/22/2020</u> (month, day, year)
<b>Agency Contact</b> City Clerk's Office		
<b>Phone Number</b> (760) 839-4617	<b>Email</b> Zbeck@escondido.org	

**2. New Position Information**

Position Title/Classification and Job Summary	Assigned Category	OR	Disclosure Requirement	Assuming/Start Date (Optional)
Insurance Manager, manages the Risk and Safety Division	6			Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr
Director of Finance, versees the functions and programs of the Finance Department	2, 4, 6			Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr
Director of Human Resources, oversees the operations of the Human Resources Department	6			Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr
Communications Manager, manages Citywide public communications program	6			Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr
				Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr
				Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr
				Start <u>  </u> / <u>  </u> / <u>  </u> m / d / yr

**3. Verification**

*I have read and understand FPPC Regulations 18700.3 and 18734. I have verified that the disclosure assignment(s) set forth above, is in accordance with its provisions.*

 Signature	Zack Beck Name	City Clerk Title	12/22/2020 (month, day, year)
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Comment: (Use this space or an attachment for any additional information.)