POSITION ADJUSTMENT REQUEST

NO. <u>21054</u> DATE <u>2/7/2012</u>

Department No./

| Department HEALTH SERVICES - FINANCE Budget Unit No. 0540 Org No. 6567 Agency No. A18 | | | |
|--|------------------------------------|----------------------------|--|
| Action Requested: Add three Accountant III positions (SATA - | represented) at sal | ary level ZB5 1576 | (\$4947.09 - 6013.22) in |
| the Health Services Department. | | | |
| | Proposed Effective Date: 2/29/2012 | | |
| Classification Questionnaire attached: Yes \square No \boxtimes / Cost | is within Departme | nt's budget: Yes 🗌 | No 🛛 |
| Total One-Time Costs (non-salary) associated with request: §(| 0.00 | | |
| Estimated total cost adjustment (salary / benefits / one time): | | | |
| Total annual cost \$360,681.00 | Net County Cost | \$0.00 | |
| Total this FY \$150,283.00 | N.C.C. this FY | \$0.00 | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT Federal | | <u>φοίου</u> | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | <u> Livire i ariao</u> | | |
| Department must initiate necessary adjustment and submit to CAO. | | | |
| Use additional sheet for further explanations or comments. | | - · | 0.14 |
| | | i errina | C. Manor |
| | - | (for) Depa | rtment Head |
| | 050 050 1071 1511 | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR | CES DEPARTMEN | I | |
| | Dorothy Sa | ansoe | 2/17/2012 |
| | | | |
| | Deputy County Ac | Iministrator | Date |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS | 3 | DA ⁻ | TF |
| Exempt from HR Review unde Delegation | | 2,, | · - |
| • | | | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the B Effective: Day following Board Action. | asic / Exempt salary sched | ule. | |
| Day following Board Attition: | | | |
| | | | |
| | (for) Director of Hui | man Resources | Date |
| COUNTY ADMINISTRATOR RECOMMENDATION: | | DATE | 2/17/2012 |
| Approve Recommendation of Director of Human Resource | 3 | DATE | <u> </u> |
| Disapprove Recommendation of Director of Human Resour | | Dorothy | Sansoe |
| ○ Other:Approved as Requested by Department ○ | | | |
| | | (for) County Administrator | |
| BOARD OF SUPERVISORS ACTION: | | | |
| | Dav | id J. Twa. Clerk of t | he Board of Supervisors |
| Adjustment is APPROVED DISAPPROVED | Dav | | he Board of Supervisors y Administrator |
| Adjustment is APPROVED DISAPPROVED | | and Count | |
| | | | |
| Adjustment is APPROVED DISAPPROVED DATE | ВУ | and Count | y Administrator |
| Adjustment is APPROVED DISAPPROVED | ВУ | and Count | y Administrator |
| Adjustment is APPROVED DISAPPROVED DATE | BY . | and Count | y Administrator |

P300 (M347) Rev 3/15/01