POSITION ADJUSTMENT REQUEST

NO. <u>21583</u> DATE <u>12/4/2014</u>

Department No./

Department HEALTH SERVICES-Environmental Health Budge	t Unit No. <u>0452</u> Or	g No. <u>5889</u> Ager	ncy No. <u>A18</u>	
Action Requested: Add one permanent full-time 40/40 Supervis Cancel vacant permanent full-time 40/40 Assistant Director of E				
	Proposed	d Effective Date:	<u>1/7/2015</u>	
Classification Questionnaire attached: Yes ☐ No ☒ / Cost is	s within Departmen	ıt'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 (\$9,116.34)	Net County Cost	\$0.00		
Total this FY (\$4,558.14)	N.C.C. this FY	\$0.00		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost Sav	rings of \$9,116.34			
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.				
		Shela	nda Adams	
	_	(for) Dep	partment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMEN	Γ		
	Dorothy Sa	insoe	12/18/2014	
	Deputy County Ad	ministrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority		DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba Effective: Day following Board Action. [sic / Exempt salary schedu	le.		
	for) Director of Hun	nan Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources		DATE	12/18/2014	
 ☐ Disapprove Recommendation of Director of Human Resort ☐ Other: _Approve as requested by Department 		Dorothy Sansoe		
		(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	BY _			
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A	PERSONNEL / SA	LARY RESOLUT	TION AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN Adjust class(es) / position(s) as follows:	RESOURCES DEP	ARTMENT FOLLO	WING BOARD ACTION	

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>12/18/2014</u> No		
1.	Project Positions Requested:		
2.	Explain Specific Duties of Position(s)		
3.	Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)		
4.	Duration of the Project: Start Date End Date Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.		
5.	Project Annual Cost		
	a. Salary & Benefits Costs: b. Support Costs: (services, supplies, equipment, etc.)		
	c. Less revenue or expenditure: d. Net cost to General or other fund:		
6.	Briefly explain the consequences of not filling the project position(s) in terms of: a. potential future costs b. legal implications c. financial implications		
7.	Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.		
8.	Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted		
9.	How will the project position(s) be filled? a. Competitive examination(s) b. Existing employment list(s) Which one(s)? c. Direct appointment of: 1. Merit System employee who will be placed on leave from current job 2. Non-County employee		
	Provide a justification if filling position(s) by C1 or C2		

USE ADDITIONAL PAPER IF NECESSARY