POSITION ADJUSTMENT REQUEST

NO. <u>21596</u> DATE <u>12/17/2014</u>

	Department No./					
bartment <u>County Library</u> Budget Unit No. <u>0621</u> Org No. <u>3754</u> Agency No. <u>85</u> ion Requested: Cancel one part-time (20/40) Library Assisstant-Journey Level (3KVB) (represented) position No. 11665 I increase the hours of one part-time (20/40) Library Assisstant-Journey Level (3KVB) (represented) position No. 6077 to time (40/40).						
		Propose	d Effective Date:	<u>2/1/2015</u>		
Classification Questionnaire attached: Yes 🗌 No 🖂	/ Cost is within D	epartmer	nt's budget: Yes	🛛 No 🗌		
Total One-Time Costs (non-salary) associated with rec	quest: <u>\$0.00</u>					
Estimated total cost adjustment (salary / benefits / one	time):					
Total annual cost <u>(\$14,099.00</u>	<u>))</u> Net Cou	nty Cost	<u>\$0.00</u>			
Total this FY <u>(\$5,875.00)</u>	N.C.C. t	his FY	<u>\$0.00</u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT	Cost Savings					
Department must initiate necessary adjustment and submit to Use additional sheet for further explanations or comments.	o CAO.					
				a A. Hudson		
REVIEWED BY CAO AND RELEASED TO HUMAN R	ESOURCES DEPA	RTMEN	т			
		BR for	JE	12/30/2014		
	Deputy C	eputy County Administrator		Date		
HUMAN RESOURCES DEPARTMENT RECOMMENT Cancel one (1) part-time (20/40) Library Assisstant-Jou increase the hours of one part-time (20/40) Library Assist to full-time (40/40).	urney Level (3KVB) sisstant-Journey Le	vel (3KV	ented) vacant po B) (represented)			
Effective: 🛛 Day following Board Action.						
	(for) Direct	or of Hur	man Resources	Date		
COUNTY ADMINISTRATOR RECOMMENDATION:			DATE	<u>2/23/2015</u>		
 Disapprove Recommendation of Director of Hur Other: 		/s/ Julie DiMaggio Enea (for) County Administrator		DiMaggio Enea		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED D		Dav	vid J. Twa, Clerk of the Board of Supervisors and County Administrator			
DATE		BY				
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT						
POSITION ADJUSTMENT ACTION TO BE COMPLETED B Adjust class(es) / position(s) as follows:	Y HUMAN RESOUR	CES DEP	ARTMENT FOLLO	WING BOARD ACTION		

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

Department		Date 2/23/2015	No. <u>xxxxxx</u>				
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, equ	uipment, etc.)				
	c. Less revenue or expenditure:	d. Net cost to Genera	al or other fund:				
6.	Briefly explain the consequences of not fillin a. potential future costs b. legal implications c. financial implications	g the project position(s) in terms of: d. political implications e. organizational 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