POSITION ADJUSTMENT REQUEST

NO. <u>21690</u>
DATE <u>6/11/2015</u>

Department No./
Department <u>Health Services</u>   Budget Unit No. <u>0540</u> Org No. <u>6417</u> Agency No. <u>A18</u>

Action Requested: Decrease the hours of Exempt Medical Staff Physician (VPW9) position #9977 and incumbent from 40/40 to 20/40 and Add one Exempt Medical Staff Dentist part-time (24/40) position (VPW0) in the Health Services Department.

Proposed Effective Date: <u>7/8/2015</u>

Classification Questionnaire attached: Yes ☒ No ☒ / Cost is within Department's budget: Yes ☒   No ☐

Total One-Time Costs (non-salary) associated with request: <u>$0.00</u>

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost	<u>($9,018.00)</u>	Net County Cost	<u>$0.00</u>
Total this FY	<u>($9,018.00)</u>	N.C.C. this FY	<u>$0.00</u>

SOURCE OF FUNDING TO OFFSET ADJUSTMENT <u>Cost Savings - Enterprise Fund I</u>

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Jo-Anne Linares
_____
(for) Department Head
_____

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Dorothy Sansoe   6/23/15
_____   _____
Deputy County Administrator   Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS   DATE _____
Exempt from Human Resources review under delegated authority.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.
Effective: ☒ Day following Board Action.
             ☐ _____(Date)

_____   _____
(for) Director of Human Resources   Date

COUNTY ADMINISTRATOR RECOMMENDATION: DATE   <u>6/23/2015</u>
☐ Approve Recommendation of Director of Human Resources
☐ Disapprove Recommendation of Director of Human Resources   Dorothy Sansoe
☒ Other: <u>Approve as recommended by Department</u>   _____
                                                            (for) County Administrator

BOARD OF SUPERVISORS ACTION: David J. Twa, Clerk of the Board of Supervisors
Adjustment is APPROVED ☐   DISAPPROVED ☐   and County Administrator

DATE _____   BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION
Adjust class(es) / position(s) as follows:

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

Department _____   Date <u>6/23/2015</u>   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, 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   d. political implications
    b. legal implications   e. organizational 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