POSITION ADJUSTMENT REQUEST

NO. <u>21706</u> DATE <u>11/30/2015</u>

Department No./
Budget Unit No. <u>0001</u> Org No. <u>Multi</u> Agency No. <u>01</u>

Action Requested: Modify the salary schedules of the management Assistant (J995), Board of Supervisor Assistant-General Office (J993), and Board of Supervisor Assistant-Specialist (J994) by a	J992), Board of Su	pervisor Assistant-G	Seneral Secretary
	Proposed	d Effective Date: 12/	9/2015
Classification Questionnaire attached: Yes $\ \square$ No $\ \boxtimes$ / Cost is	within Departmer	ıt's budget: Yes 🗌	No 🗌
Total One-Time Costs (non-salary) associated with request: No	<u>ne</u>		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$272,000.00	Net County Cost	\$272,000.00	
Total this FY <u>\$136,000.00</u>	N.C.C. this FY	\$136,000.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT General I	- und		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
		John Gioia, Distr	ict I Supervisor
	_	(for) Depart	ment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURC	ES DEPARTMEN	Г	
Lisa	a Driscoll, County F	Finance Director	11/30/2015
	Deputy County Ad	ministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS		DAT	E
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Base Effective: Day following Board Action. 12/1/2015 (Date)	sic / Exempt salary schedu	le.	
	or) Director of Hun	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resource Other:	es	DATE	
		(for) Coun	ty Administrator
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi	d J. Twa, Clerk of the	e Board of Supervisors Administrator
		d J. Twa, Clerk of the	e Board of Supervisors
Adjustment is APPROVED DISAPPROVED	BY _	d J. Twa, Clerk of the and County	e Board of Supervisors Administrator

P300 (M347) Rev 3/15/01

Department Board of Supervisors

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>11/30/2015</u> No. <u>xxxxxxx</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 b. legal implications c. financial implications 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