POSITION ADJUSTMENT REQUEST

NO. <u>21805</u> DATE <u>12/3/2015</u>

Department No./
Budget Unit No. 0540 Org No. 6386 Agency No. A18

Department Health Services/Medical Care Admin Budget	Unit No. <u>0540</u> Org No. <u>6386</u> Agency No. <u>A</u>	<u>\18</u>	
Action Requested: Increase the hours of part-time Registered Nu (represented) from 20/40 to full-time 40/40 and increase the hours #8962 from 32/40 to full-time 40/40 in the Health Services Depart	rs of part-time Registered Nurse - Experienc		
	Proposed Effective Date: 1/1/2016	<u> </u>	
Classification Questionnaire attached: Yes \square No \boxtimes / Cost is	within Department's budget: Yes \(\square\) No \(\square\)		
Total One-Time Costs (non-salary) associated with request: \$0.0		_	
Estimated total cost adjustment (salary / benefits / one time):			
· · · · · · · · · · · · · · · · · · ·	Net County Cost \$0.00		
	N.C.C. this FY \$0.00		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Fed			
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Department must initiate necessary adjustment and submit to CAO.			
Use additional sheet for further explanations or comments.	Abigail O'Conn	or	
	(for) Department	Head	
	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 Effective: Day following Board Action. [Date]	ic / Exempt salary schedule.		
(fc	or) Director of Human Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources	DATE <u>12/</u> 2	<u> 29/2015</u>	
☐ Disapprove Recommendation of Director of Human Resource ☐ Other: Approve as requested by the department.	es Enid Mendoz	Enid Mendoza	
	(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		David J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	BY		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A F	PERSONNEL / SALARY RESOLUTION AM	ENDMENT	

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>12/29/2015</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 d. political 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