POSITION ADJUSTMENT REQUEST

NO. <u>21899</u> DATE <u>7/19/2016</u>

	Department No./ Budget Unit No. <u>0540</u> O	ra No. 6547 Agency	No. A18
Action Requested: Add one Secretary-Advanced Level p position #16117 in the Health Services Department.			
	Propose	d Effective Date: 8/1	0/2016
Classification Questionnaire attached: Yes ☐ No ☒ /	•		
Total One-Time Costs (non-salary) associated with reque	•	-	_
Estimated total cost adjustment (salary / benefits / one tin			
Total annual cost \$0.00	Net County Cost	t	
Total this FY \$0.00	N.C.C. this FY		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Ar	nnual Savings of \$5,483	(third party revenues)	1
Department must initiate necessary adjustment and submit to C	AO.		
Use additional sheet for further explanations or comments.		Jo-Anne	Linares
	·	(for) Depart	ment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RES	OURCES DEPARTMEN	IT	
	Enid Men	doza	8/4/2016
	Deputy County Ad	dministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE Exempt from Human Resources review under delegated authority.		E	
Amend Resolution 71/17 establishing positions and resolutions allocating classes Effective: Day following Board Action. [Date]	to the Basic / Exempt salary sched	ule.	
	(for) Director of Hu	man Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	<u>8/4/2016</u>
 □ Approve Recommendation of Director of Human Res □ Disapprove Recommendation of Director of Human □ Other: Approve as recommended by the departmen 	lesources	Enid Mendoza	
	<u>.</u>	(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Dav	id J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	BY		
APPROVAL OF THIS ADJUSTMENT CONSTITU	TES A PERSONNEL / S.	ALARY RESOLUTIO	N AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HAdjust class(es) / position(s) as follows:	IUMAN RESOURCES DEP	ARTMENT FOLLOWIN	IG BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>8/4/2016</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