POSITION ADJUSTMENT REQUEST

Department No./

NO. <u>21904</u> DATE <u>8/1/2016</u>

Department Health Services

Budget Unit No. <u>0450</u> Org No. <u>6377</u> Agency No. <u>A18</u>

Action Requested: Add one (1) full-time Health Services Planner/Evaluator-Level B (VCXD) position, one (1) full-time Public Health Mobile Clinic Operator (VMTB) position, one (1) full-time Public Health Nurse Program Manager (VWHL) position, and one (1) full-time Public Health Program Specialist I (VBSD) position in the Health Services Department.

	Proposed Effective Date: 8/17/2016		
Classification Questionnaire attached: Yes \square No \boxtimes / Cost is w	ssification Questionnaire attached: Yes 🗌 No 🛛 / Cost is within Department's budget: Yes 🗍 No 🖂		
Total One-Time Costs (non-salary) associated with request: \$0.00	<u>)</u>		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost <u>\$723,343.51</u>	let County Cost \$0.00		
Total this FY \$542,507.63	I.C.C. this FY <u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 83% Health	Care for the Homeless Grant & 17%	FQHC Revenues	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
ose additional sheet for further explanations of confinents.	Arlene J. Lozada		
	W. A. D. and M. H. H.		
	(for) Departi	ment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES	S DEPARTMENT		
	Enid Mendoza	8/8/2016	
De	eputy County Administrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority.	DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Effective: Day following Board Action. [(Date)	Exempt salary schedule.		
(for) Director of Human Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:	DATE	<u>8/8/2016</u>	
 □ Approve Recommendation of Director of Human Resources □ Disapprove Recommendation of Director of Human Resources ○ Other: Approve as recommended by the department. 	Enid Mendoza		
Other. Approve as recommended by the department.	(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 PE	ERSONNEL / SALARY RESOLUTION	N AMENDMENT	

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

P300 (M347) Rev 3/15/01

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

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