POSITION ADJUSTMENT REQUEST

NO. <u>21977</u> DATE 10/11/2016

	epartment No./ edget Unit No. <u>0860</u> Ou	g No. 6125 Agen	 cv No. A18	
Action Requested: Add one Clerk-Senior Level (JWXC) posposition #9857 in the Health Services Department.				
	Proposed	d Effective Date: 1	<u>10/26/2016</u>	
Classification Questionnaire attached: Yes $\ \square\ $ No $\ \boxtimes\ $ / Co	ost is within Departmer	nt'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 (\$12,856.00)	Net County Cost	<u>\$0.00</u>		
Total this FY (\$8,570.67)	N.C.C. this FY	<u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost	savings (premium reve	enues)		
Department must initiate necessary adjustment and submit to CAC Use additional sheet for further explanations or comments.).			
		Jo-Anr	ne Linares	
	_	(for) Depa	artment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOL	JRCES DEPARTMEN	Т		
	Enid Mend	doza	10/18/2016	
	Deputy County Ad	ministrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Exempt from Human Resources review under delegated au				
Amend Resolution 71/17 establishing positions and resolutions allocating classes to t Effective: Day following Board Action. [Day following Board Action]	he Basic / Exempt salary schedu	ile.		
	(for) Director of Hur	nan Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resource.	rces	DATE	10/18/2016	
Disapprove Recommendation of Director of Human Res Other: Approve as recommended by the department.		Enid Mendoza		
	_	(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi		the Board of Supervisors ty Administrator	
DATE	BY _			
APPROVAL OF THIS ADJUSTMENT CONSTITUTE	S A PERSONNEL / SA	ALARY RESOLUTI	ION AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUM	MAN RESOURCES DEP	ARTMENT FOLLOW	/ING BOARD ACTION	

P300 (M347) Rev 3/15/01

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

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>10/18/2016</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