POSITION ADJUSTMENT REQUEST

NO. <u>21979</u> DATE 9/22/2016

Department No./

Department Health Services

Budget Unit No. 0540 Org No. 6549 Agency No. A18

Action Requested: Effective 12/1/16: Abolish the classifications of CCHP Medical Director-Exempt (VPD4) and MH Medical Director-Exempt (VPD1), and cancel their respective vacant positions #9979 and #13622; and Abolish the classification of Ambulatory Care Chief Executive Officer (VAB1), and cancel position #13890. Effective 11/2/16: add two full-time Medical Director-Exempt (VCA2) positions in the Health Services Department.

| | Proposed Effective Date: S | <u>ee Action</u> | |
|---|--|--|--|
| Classification Questionnaire attached: Yes ☐ No ☒ / Cost | is within Department's budget: Yes 🖂 | No 🗌 | |
| Total One-Time Costs (non-salary) associated with request: \$0 | 0.00 | | |
| Estimated total cost adjustment (salary / benefits / one time): | | | |
| Total annual cost \$112,835.31 | Net County Cost \$0.00 | | |
| Total this FY <u>\$75,223.54</u> | N.C.C. this FY | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT offset by | cancellation of two positions and con | tracts_ | |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. | .lo-Ann | e Linares | |
| | | rtment Head | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURG | CES DEPARTMENT | | |
| | Enid Mendoza | 10/21/2016 | |
| | Deputy County Administrator | Date | |
| Mental Health Medical Director-Exempt (VPD1) and cancel their the classification of Ambulatory Care Chief Executive Officer - Environment (VCA2) power 2, 2016 add two Medical Director-Exempt | Exempt (VAB1) and cancel position #1 positions | nd #13822; and abolish 3890; Effective | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba Effective: Day following Board Action. | asic / Exempt salary schedule. | | |
| ⊠ <u>see action(</u> Date) | Gladys Scott Reid | 10/26/2016 | |
| | (for) Director of Human Resources | Date | |
| COUNTY ADMINISTRATOR RECOMMENDATION: | DATE | 10/26/2016 | |
| Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resour Other: | | endoza | |
| | (for) County Administrator | | |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED | | David J. Twa, Clerk of the Board of Supervisors and County Administrator | |
| | | y / tarriiriiotrator | |
| DATE | вү | y Administrator | |

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

| De | partment Date <u>10/26/2016</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 |
| 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