POSITION ADJUSTMENT REQUEST

NO. <u>22004</u> DATE <u>11/1/2016</u>

Department HEALTH SERVICES	Department No./ Budget Unit No. <u>05</u> 4	10 Org No. <u>6441</u>	1_ Agency No	. <u>A18</u>	
Action Requested: Add one (1) full-time Administration Specialist Level position #7163 in the Health Services		tion and cancel o	one (1) full-tim	ne Clerk –	
	Pro	posed Effective	Date: 12/21/2	<u> 2016</u>	
Classification Questionnaire attached: Yes ☐ No ∑	// Cost is within Depa	rtment's budget:	: Yes 🗌 No	\boxtimes	
Total One-Time Costs (non-salary) associated with re	equest: \$0.00				
Estimated total cost adjustment (salary / benefits / on	ne time):				
Total annual cost \$5,704.17	,	Cost \$0.00			
Total this FY \$4,125.50	•	<u></u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT					
Department must initiate necessary adjustment and submit					
Use additional sheet for further explanations or comments.			Shelanda Ada	ams	
		(fc	or) Departmer	nt Head	
REVIEWED BY CAO AND RELEASED TO HUMAN	RESOURCES DEPART	MENT			
	Enid	Mendoza		12/12/2016	
	Deputy Cour	ty Administrator		Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority.		DATE			
Amend Resolution 71/17 establishing positions and resolutions allocating cl	asses to the Basic / Exempt salary	schedule.			
Effective: Day following Board Action. Day following Board Action.					
	(for) Director of	f Human Resou	rces	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:	D	DATE	<u>12</u>	2/12/2016	
Approve Recommendation of Director of Human Disapprove Recommendation of Director of Human Others Approve Recommendation of Director of Human	an Resources	F		Enid Mendoza	
Other: Approve as recommended by the departn	<u>ient.</u>	((for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		·	vid J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE		BY			
APPROVAL OF THIS ADJUSTMENT CONST	TITUTES A PERSONNE	L / SALARY RES	SOLUTION A	MENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED Adjust class(es) / position(s) as follows:	BY HUMAN RESOURCES	DEPARTMENT F	OLLOWING B	OARD ACTION	

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>12/13/2016</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