POSITION ADJUSTMENT REQUEST

NO. <u>22064</u> DATE 4/3/2017

	oartment No./ dget Unit No. <u>0467</u> Or	ra No. 5800. Agonou	Νο Δ19
Action Requested: Increase the hours of one permanent Pu	blic Health Nurse - Pro		
permanent full-time 24/40 in the Health Services - Public Health		15" " B . 4"	20/0047
	•	d Effective Date: 4/2	
Classification Questionnaire attached: Yes No / Co	•	nt's budget: Yes 🔲	No 🛛
Total One-Time Costs (non-salary) associated with request:			
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$29,830.22	Net County Cost	<u>\$0.00</u>	
Total this FY <u>\$7,457.56</u>	N.C.C. this FY	<u>\$0.00</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100%	Hanson's Disease gr	ant funds	
Department must initiate necessary adjustment and submit to CAO			
Use additional sheet for further explanations or comments.		Melissa Ca	arofanello
	-	(for) Depart	ment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOL	IRCES DEPARTMEN	Т	
	Enid Mend	doza	4/18/2017
<u> </u>			
	Deputy County Ad	ministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIO Exempt from Human Resources review under delegated aut		DAT	E
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action. (Date)	e Basic / Exempt salary schedu	ile.	
	(for) Director of Hur	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resource	coc	DATE	4/18/2017
☐ Disapprove Recommendation of Director of Human Resolution ☐ Director of Human Resolution		Enid Mendoza	
	_	(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi	David J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	BY _		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES	S A PERSONNEL / SA	ALARY RESOLUTIO	N AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUM Adjust class(es) / position(s) as follows:	IAN RESOURCES DEP	ARTMENT FOLLOWIN	IG BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment
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