

# POSITION ADJUSTMENT REQUEST

NO. 21725  
DATE 8/11/2015

Department County Administrator - CCTV

Department No./

Budget Unit No. 0003 Org No. 1225 Agency No. 03

Action Requested: Reallocate and Re-Title CCTV Production Manager Classification and Cancel One (1) Part-Time CCTV Program Coordinator

Proposed Effective Date: 9/1/2015

Classification Questionnaire attached: Yes ☐ No ☒ / Cost is within Department's budget: Yes ☒ No ☐

Total One-Time Costs (non-salary) associated with request: \_\_\_\_\_

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \_\_\_\_\_

Net County Cost \_\_\_\_\_

Total this FY \_\_\_\_\_

N.C.C. this FY \_\_\_\_\_

SOURCE OF FUNDING TO OFFSET ADJUSTMENT \_\_\_\_\_

Department must initiate necessary adjustment and submit to CAO.  
Use additional sheet for further explanations or comments.

Betsy Burkhart

\_\_\_\_\_  
(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Theresa Speiker

8/11/15

\_\_\_\_\_  
Deputy County Administrator

\_\_\_\_\_  
Date

## HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 4/26/2017

Reallocate CCTV Production Manager (ADDK) (represented) on the Salary Schedule from salary plan and grade ZA5 1555 (\$5,397.88-\$6,561.16) to ZA5 1555 (\$6,477.46-\$7,873.39); retitle CCTV Production Manager to Operations Director, Office of Communication and Media; and cancel 1 part-time CCTV Program Coordinator (ADSD) (represented) position no. 13916 at salary plan and grade ZB5 1232 (\$3,920.40-\$4,765.27) in the Office of Comm and Media.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: ☒ Day following Board Action.

☐ \_\_\_\_\_(Date)

Mary Jane De Jesus-Saepharn

4/26/2017

\_\_\_\_\_  
(for) Director of Human Resources

\_\_\_\_\_  
Date

## COUNTY ADMINISTRATOR RECOMMENDATION:

DATE \_\_\_\_\_

☐ Approve Recommendation of Director of Human Resources

☐ Disapprove Recommendation of Director of Human Resources

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
(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 PERSONNEL / SALARY RESOLUTION AMENDMENT

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

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

## REQUEST FOR PROJECT POSITIONS

Department \_\_\_\_\_

Date 4/26/2017

No. xxxxxx

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