POSITION ADJUSTMENT REQUEST

NO. <u>22079</u> DATE <u>5/5/17</u>

Department No./
Budget Unit No. 0280 Org No. 2653 Agency No. 38

| epartment Conservation and Development Budget Unit No. 0280 Org No. 2653 Agency No. 38 | | | | |
|--|-----------------------------------|--|-------------------------|--|
| Action Requested: Cancel one (1) vacant Network Administrator | or II Position No. 98 | 88 and add one (1 |) full-time Network | |
| Administrator I in the Department of Conservation and Development | ment | | | |
| | Proposed | d Effective Date: | <u>1/2/2017</u> | |
| Classification Questionnaire attached: Yes No / Cost is | s within Departmer | ıt's budget:Yes 🏻 | ☑ No □ | |
| Total One-Time Costs (non-salary) associated with request: <u>\$0</u> | <u>.00</u> | | | |
| Estimated total cost adjustment (salary / benefits / one time): | | | | |
| Total annual cost (\$9.000) | Net County Cost | <u>\$0.00</u> | | |
| Total this FY (\$750.00) | N.C.C. this FY | \$0.00 | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT I | | | | |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. | | | | |
| | | VN | /I for JK | |
| | | (for) Dep | artment Head | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE | ES DEPARTMEN | Γ | | |
| | BR for . | JE | 5/9/2017 | |
| | Deputy County Ad | ministrator | Date | |
| | Dopaty County Ata | | | |
| ADOPT Position Adjustment Resolution No. 22079 to cancel or salary plan and grade ZA5 1787 (\$6,791.81 - \$8,255.49) positio (LNSA) (represented) in salary plan and grade ZA5 1694 (\$6,19 Development. | n no. 988 and add | one (1) full-time N | Network Administrator I | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba | sic / Exempt salary schedu | ile. | | |
| Effective: Day following Board Action. [Date] M | Mary Jane De Jesus-Saepharn | | 5/12/2017 | |
| | (for) Director of Human Resources | | Date | |
| COUNTY ADMINISTRATOR RECOMMENDATION: | | DATE | <u>5/26/2017</u> | |
| Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resource Other: | | | DiMaggio Enea | |
| Guiei. | | (for) Co | ounty 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 A | PERSONNEL / SA | LARY RESOLUT | TION AMENDMENT | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN Adjust class(es) / position(s) as follows: | RESOURCES DEP | ARTMENT FOLLOV | VING 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