POSITION ADJUSTMENT REQUEST

NO. <u>22094</u> DATE <u>5/9/2017</u>

| | artment No./ net Unit No. 466. Orc | No 5920 Agency | / No. A18 | | |
|--|---------------------------------------|----------------------------|--|--|--|
| Action Requested: Add two full time Substance Abuse Counselors (VHVC), one full time Clerk - Specialist (JWXD) and two | | | | | |
| ull time Clerk - Senior Level (JWXC) positions in the Health Services - Behavioral Health Division. | | | | | |
| | • | d Effective Date: <u>6</u> | | | |
| Classification Questionnaire attached: Yes 🗌 No 🛛 / Cost is within Department's budget: Yes 🗌 No 🖂 | | | | | |
| Total One-Time Costs (non-salary) associated with request: <u>\$0.00</u> | | | | | |
| Estimated total cost adjustment (salary / benefits / one time): | | | | | |
| Total annual cost <u>\$497,786</u> | Net County Cost | | | | |
| Total this FY <u>\$41,482.18</u> | N.C.C. this FY | <u>\$0.00</u> | | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT <u>100% Substance Abuse Prevention and Treatment Block Grant</u> | | | | | |
| Department must initiate necessary adjustment and submit to CAO. | | | | | |
| Use additional sheet for further explanations or comments. | | Melissa | Carofanello | | |
| | - | (for) Depa | artment Head | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR | RCES DEPARTMEN | Т | | | |
| | Enid Men | doza | 5/30/2017 | | |
| | Deputy County Ac | Iministrator | Date | | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE Exempt from Human Resources review under delegated authority. | | NTE | | | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action. | Basic / Exempt salary schedu | ıle. | | | |
| | (for) Director of Hur | man Resources | Date | | |
| COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resou Disapprove Recommendation of Director of Human Resource Other: Approve as recommended by the Department. | es | DATE | <u>5/30/2017</u> | | |
| | | Enid Mendoza | | | |
| | | (for) Cou | unty Administrator | | |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED | Dav | | the Board of Supervisors ty Administrator | | |
| DATE | BY | | | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES | A PERSONNEL / SA | ALARY RESOLUTI | ON AMENDMENT | | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION | | | | | |

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

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment | Date <u>5/30/2017</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, eq | uipment, etc.) | | |
| | c. Less revenue or expenditure: | d. Net cost to Genera | al or other fund: | | |
| 6. | Briefly explain the consequences of not fillir a. potential future costs b. legal implications c. financial implications | ng the project position(s) in terms of: 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