## **POSITION ADJUSTMENT REQUEST**

NO. <u>21975</u> DATE <u>10/11/2016</u>

DATE 10/11/201

Department No./

Department Employment and Human Services

Department No. 0583 Org No. 5619 Agency No. A19

Action Requested: Cancel one Workforce Services Specialist (X Analyst (LTWK) in the Workforce Development Board of EHSD (		245) and add one	Business Systems
	Proposed	d Effective Date: 1	<u>0/24/2016</u>
Classification Questionnaire attached: Yes $\square$ No $\boxtimes$ / Cost is	within Departmer	ıt's budget:Yes 🖂	No 🗌
Total One-Time Costs (non-salary) associated with request: \$0.	<u>00</u>		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost (\$21,142.00)	Net County Cost	\$0.00	
Total this FY (\$15,857.00)	N.C.C. this FY	\$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Fe		*****	
	<u></u>		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
		Holly Iri	eu 3-1560
	_	(for) Depa	rtment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURC	ES DEPARTMEN	Γ	
	Kevin J. Co	rrigan	10/17/16
	Deputy County Ad	ministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Add one (1) Business Systems Analyst (LTWK) (represented) po and cancel one (1) Workforce Services Specialist (XANA) (repre (\$6502-\$7903) in the Workforce Development Board of the Emp	sented) position #	an and Grade ZB5 5245 at Salary Plai	and Grade ZB5 1743
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Bas	ic / Exempt salary schedu	le.	
Effective:	OPARRA	OPARRA	
(f	or) Director of Hur	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resources		DATE	7/5/2017
☐ Disapprove Recommendation of Director of Human Resourc ☐ Other:	es	Enid Mendoza	
		(for) Cou	nty 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 RESOLUTION	ON 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**

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 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