POSITION ADJUSTMENT REQUEST

NO. <u>22112</u> DATE <u>7/6/2017</u>

Department Health Services

Department No./

Budget Unit No. 0450 Org No. 5891 Agency No. A18

Action Requested: Increase the hours of a vacant Physical Therapist I (V5VE) position #8347 from 1/40 to 40/40, decrease hours of a vacant Occupational Therapist II (V5VH) position #9098 from 26/40 to 6/40, and cancel a vacant Physical Therapist II (V5VF) position #14706 in the Health Services Department.

Proposed Effective Date: 7/19/2017				
Classification Questionnaire attached: Yes 🔲 No 🔯 / Cost is within Department's budget: Yes 🔯 No 🖂				
Total One-Time Costs (non-salary) associated with request: \$0.0	•	-	_	
Estimated total cost adjustment (salary / benefits / one time):	<u>~</u>			
· · · · · · · · · · · · · · · · · · ·	Net County Cost	90.00		
	•			
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N.C.C. this FY	<u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost Savin	<u>igs</u>			
Description of the state of the				
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.				
coo additional officer for further explanations of comments.		Arlen	e J. Lozada	
	_			
		(for) Dep	partment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	S DEPARTMENT	Γ		
	Enid Mend	loza	7/12/2017	
D	eputy County Ad	ministrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resource review under delegated authority.		DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic Effective: Day following Board Action. Date)	c / Exempt salary schedu	le.		
(fo	r) Director of Hun	nan Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	7/12/2017	
Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resource	Enid Meno		Mendoza	
☐ Other: Approve as recommended by the Department.	_	(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 A P	ERSONNEL / SA	LARY RESOLU	TION AMENDMENT	

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

P300 (M347) Rev 3/15/01

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

REQUEST FOR PROJECT POSITIONS

De	epartment Date <u>7/12/2017</u> No. <u>xxxxxxx</u>
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
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