POSITION ADJUSTMENT REQUEST

NO. <u>22088</u> DATE <u>5/24/2017</u>

	Department No./ Budget Unit No. 0540, Org No	6547 Agency No	A18			
	tion Requested: Reallocate the classification of Health Services Personnel Officer - Exempt (VCN2) (unrepresented) on					
the salary schedule in the fleath Services Department.	Proposed Fff	ective Date:				
Classification Questionnaire attached: Yes 🗌 No 🖂 / 0	•					
Total One-Time Costs (non-salary) associated with request	•					
Estimated total cost adjustment (salary / benefits / one tim						
Total annual cost \$8,326.00	Net County Cost \$0.	00				
	-	<u>00</u>				
Total this FY \$5,550.66	N.C.C. this FY <u>0</u>					
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100	<u>1% Third Party Revenues</u>					
Department must initiate necessary adjustment and submit to CA Use additional sheet for further explanations or comments.	AO.					
		Jo-Anne Lina	res			
		(for) Departmer	t Head			
REVIEWED BY CAO AND RELEASED TO HUMAN RESO	OURCES DEPARTMENT					
	Kevin J. Corriga	n	5/30/2017			
-	Deputy County Admini	strator	Date			
HUMAN RESOURCES DEPARTMENT RECOMMENDAT Reallocate the classification of Health Services Personnel from salary plan and grade level B85-1875 (\$7,635 - \$9,28	Officer - Exempt (VCN2) (un		salary schedule			
Amend Resolution 71/17 establishing positions and resolutions allocating classes to Effective: Day following Board Action.	o the Basic / Exempt salary schedule.					
Effective: 🖄 Day following Board Action.	F. Prak		8/17/2017			
	(for) Director of Human	Resources	Date			
COUNTY ADMINISTRATOR RECOMMENDATION:	ureee	DATE g	/6/2017			
 Approve Recommendation of Director of Human Reso Disapprove Recommendation of Director of Human R Other:	esources	Enid Mendoza (for) County Administrator				
			David J. Twa, Clerk of the Board of Supervisors and County Administrator			
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	David J.					
	David J. BY	and County Adr				
Adjustment is APPROVED DISAPPROVED	BY	and County Adr	ninistrator			

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment	Date <u>9/6/2017</u>	No. <u>xxxxxx</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.	I. 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, equ	uipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Genera	al or other fund:		
6.		he project position(s) in terms of: . political implications . 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