POSITION ADJUSTMENT REQUEST

NO. <u>22140</u> DATE <u>7/28/2017</u>

	partment No./ dget Unit No. <u>0860</u> Or	ra No. 6106. Agend	
Action Requested: Add one permanent full-time Administrat			
Department.	D	LEW C . Date . O	140/0047
		d Effective Date: 8	
Classification Questionnaire attached: Yes No / Co	·	ıt'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 \$105,460.01	Net County Cost	<u>\$0.00</u>	
Total this FY <u>\$87,883.34</u>	N.C.C. this FY	<u>\$0.00</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 1009	6 Contra Costa Health	n Plan member fee	<u>es.</u>
Department must initiate necessary adjustment and submit to CAO Use additional sheet for further explanations or comments.			
·		Shelan	da Adams
	_	(for) Depa	artment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOL	JRCES DEPARTMEN	Т	
	Enid Mend	doza	8/30/2017
	Deputy County Ad	ministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIC Add one (1) Administrative Services Assistant II (APVA) (rep \$6,243)			TE <u>9/19/2017</u> de ZB5 1475 (\$5,136-
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the	ne Basic / Exempt salary schedu	lle.	
Effective: Day following Board Action.	Cladus Cast I	ام:ط	0/40/2047
(Date)	Gladys Scott I	Reid	9/19/2017
	(for) Director of Hun	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	9/20/2017
Approve Recommendation of Director of Human Resour Disapprove Recommendation of Director of Human Resour			Mendoza
Other:		(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi	vid J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	BY _		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES	S A PERSONNEL / SA	LARY RESOLUTI	ON AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUM Adjust class(es) / position(s) as follows:	MAN RESOURCES DEPA	ARTMENT FOLLOW	ING BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	Ppartment
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