## **POSITION ADJUSTMENT REQUEST**

NO. <u>22173</u> DATE <u>10/11/2017</u>

Department No./

Department <u>HEALTH SERVICES</u> But	dget Unit No. <u>0467</u> O	rg No. <u>5960</u> Agen	cy No. <u>A18</u>	
ction Requested: Add one full-time Mental Health Clinical Specialist (VQSB) position in the Health Services Department.				
	Propose	d Effective Date: 1	<u>10/25/2017</u>	
Classification Questionnaire attached: Yes $\ \square\ $ No $\ \boxtimes\ $ / Co	st is within Departme	nt'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 \$141,568.00	Net County Cost	<u>\$0.00</u>		
Total this FY <u>\$82,581.00</u>	N.C.C. this FY	<u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100%	Prop. 47 grant			
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 RESOL	JRCES DEPARTMEN	Т		
	Susan S	mith	10/12/2017	
	Deputy County Ac	lministrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Exempt from Human Resources review under delegated aut		DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action.  [ (Date)	e Basic / Exempt salary sched	ule.		
	(for) Director of Hur	man Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resour	ces	DATE	10/19/2017	
☐ Disapprove Recommendation of Director of Human Resources ☐ Other: Approve as recommended by the Department.		Enid Mendoza		
Suiter. Approve as recommended by the Department.	-	(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Dav	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	ВҮ			
APPROVAL OF THIS ADJUSTMENT CONSTITUTES	S A PERSONNEL / SA	ALARY RESOLUTI	ION AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUM Adjust class(es) / position(s) as follows:	IAN RESOURCES DEP	ARTMENT FOLLOW	/ING BOARD ACTION	

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

De	partment Date <u>10/19/2017</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, 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