## **POSITION ADJUSTMENT REQUEST**

NO. <u>22175</u> DATE <u>10/10/2017</u>

Department No./

Department HEALTH SERVICES	Budget Un	it No. <u>0466</u> Or	g No. <u>5920</u> Age	ncy No. <u>A18</u>
Action Requested: Add one full-time Substance Abuse	Lead Couns	elor (VHTC) po	osition in the Hea	alth Services Department.
		Proposed	Effective Date:	10/25/2017
Classification Questionnaire attached: Yes ☐ No ☒ /	Cost is wit	hin Departmen	t's budget: Yes	□ No ⊠
Total One-Time Costs (non-salary) associated with requ	est: \$0.00			
Estimated total cost adjustment (salary / benefits / one ti	me):			
Total annual cost \$128,162.50	Ne	t County Cost	\$0.00	
Total this FY \$74,761.46	N.O	C.C. this FY	\$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT $\ \underline{1}$	00% Drug N	<u> 1edi-Cal Waive</u>	<u>•r</u>	
Department must initiate necessary adjustment and submit to Use additional sheet for further explanations or comments.	CAO.			
			Meliss	a Carofanello
		_	(for) De	partment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RE	SOURCES	DEPARTMENT	Γ	
		Enid Mend	loza	10/18/2017
	Dep	uty County Ad	ministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDA Exempt from Human Resources review under delegated		DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classe Effective:  Day following Board Action.  Date)	s to the Basic / E	xempt salary schedu	le.	
	(for) I	Director of Hun	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:			DATE	10/18/2017
<ul> <li>□ Approve Recommendation of Director of Human Resource</li> <li>□ Disapprove Recommendation of Director of Human Resource</li> <li>□ Other: Approve as recommended by the Department.</li> </ul>	Resources	Enid Mendoza		d Mendoza
		(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE		BY _		
APPROVAL OF THIS ADJUSTMENT CONSTITU	JTES A PEF	RSONNEL / SA	LARY RESOLU	TION AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY Adjust class(es) / position(s) as follows:	HUMAN RES	OURCES DEPA	ARTMENT FOLLO	WING BOARD ACTION

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

De	partment Date <u>10/18/2017</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
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