POSITION ADJUSTMENT REQUEST

NO. <u>22177</u> DATE <u>10/10/2017</u>

	Community Support W Proposed ost is within Departmen \$0.00	itions, one full-tim /orker II (VQVB) d Effective Date: t's budget: Yes [ne Mental Health Program position in the Health		
Total this FY \$444,769.21	N.C.C. this FY	<u>\$0.00</u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 1009					
Department must initiate necessary adjustment and submit to CAC Use additional sheet for further explanations or comments.). 		a Carofanello		
		(for) Dep	partment Head		
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT					
	Enid Meno	Enid Mendoza 10/18/201			
	Deputy County Ad	ministrator	Date		
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE Exempt from Human Resources review under delegated authority. DATE					
Amend Resolution 71/17 establishing positions and resolutions allocating classes to t Effective: Day following Board Action. (Date)	he Basic / Exempt salary schedu	le.			
	(for) Director of Hun	rector of Human Resources Da			
COUNTY ADMINISTRATOR RECOMMENDATION:	roop	DATE	<u>10/18/2017</u>		
 Disapprove Recommendation of Director of Human Res Disapprove Recommendation of Director of Human R Other: <u>Approve as recommended by the Department</u> 		Enid Mendoza			
		(for) County Administrator			
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davie	David J. Twa, Clerk of the Board of Supervisors and County Administrator			
DATE	BY _				
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT					
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUN Adjust class(es) / position(s) as follows:	MAN RESOURCES DEPA	ARTMENT FOLLOW	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, eq	uipment, etc.)			
	c. Less revenue or expenditure:	d. Net cost to Genera	al or other fund:			
6.	Briefly explain the consequences of not fillin 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