POSITION ADJUSTMENT REQUEST

NO. <u>22106</u> DATE <u>6/1/2017</u>

_		DATE 0/1/2011		
	epartment No./ udget Unit No. <u>0540</u> Org No. <u>654</u>	4 Agency No A18		
Action Requested: Reallocate the classification of Chief Q				
Services Department.				
	Proposed Effective	e Date: <u>8/1/2017</u>		
Classification Questionnaire attached: Yes 🗌 No 🛛 / C	Cost is within Department's budge	t: Yes 🔲 No 🖂		
Total One-Time Costs (non-salary) associated with reques				
Estimated total cost adjustment (salary / benefits / one time				
Total annual cost <u>\$70,560.00</u>	Net County Cost <u>\$0.00</u>			
Total this FY \$47,040.00	N.C.C. this FY \$0.00			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100		enues		
<u></u>				
Department must initiate necessary adjustment and submit to CA	0.			
Use additional sheet for further explanations or comments.		Dorette McCollumn		
	(†	for) Department Head		
REVIEWED BY CAO AND RELEASED TO HUMAN RESC	URCES DEPARTMENT			
	Enid Mendoza	7/19/2017		
-	Deputy County Administrato	r Date		
	Deputy County Administrato	Date		
HUMAN RESOURCES DEPARTMENT RECOMMENDATI	ONS	DATE <u>11/1/2017</u>		
Reallocate the salary of classification Chief Quality Officer-	Exempt (VAB2) from salary and p	blan grade level B85-2508		
(\$14,289) to salary plan and grade level B85-2508 (\$18,289) on the salary schedule in the Health Services Department.				
(Unrepresented)				
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.				
Effective: Day following Board Action.	Marta Caa	44/4/2047		
(Date)	Marta Goc	11/1/2017		
-	(for) Director of Human Reso	urces Date		
COUNTY ADMINISTRATOR RECOMMENDATION:	DAT	E <u>11/7/2017</u>		
 Approve Recommendation of Director of Human Resource Disapprove Recommendation of Director of Human Re 		Enid Mendoza		
Other:				
		(for) County Administrator		
BOARD OF SUPERVISORS ACTION:				
	Dovid I Two	Clark of the Board of Supervicore		
Adjustment is APPROVED DISAPPROVED		Clerk of the Board of Supervisors nd County Administrator		
Adjustment is APPROVED DISAPPROVED		Clerk of the Board of Supervisors nd County Administrator		
Adjustment is APPROVED DISAPPROVED DATE				
DATE	a BY	nd County Administrator		
	a BY	nd County Administrator		
DATE	BY ES A PERSONNEL / SALARY RE	SOLUTION AMENDMENT		

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment	Date <u>11/7/2017</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	ng the project position(s) in terms of: d. political implications e. 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