## **POSITION ADJUSTMENT REQUEST**

NO. <u>22197</u> DATE <u>11/14/2017</u>

Department No./

Department Health Services

Budget Unit No. 0450 Org No. 6418 Agency No. A18

Action Requested: Transition one (1) Community Health Worker II-Project (VKV1) position and its incumbent into the Merit System classification of Community Health Worker II (VKVB) at salary plan and grade TC5-1043 (\$3,348-\$4,070) in the Health Services Department. (Represented)

	Proposed Effective Date:			
Classification Questionnaire attached: Yes ☐ No ☒ / Cost	•		 No ⊠	
Total One-Time Costs (non-salary) associated with request: \$		-		
Estimated total cost adjustment (salary / benefits / one time):				
Total annual cost \$0.00	Net County Cost \$	0.00		
Total this FY \$0.00	N.C.C. this FY \$	0.00		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost ne	eutral			
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.		Arlana	l l anada	
		Ariene	J. Lozada	
		(for) Depa	rtment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR	CES DEPARTMENT			
	Susan Smit	า	11/29/2017	
	Deputy County Admi	nistrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Transition one (1) Community Health Worker II-Project (VKV1) TC5-1043 (\$3,348-\$4,070) to one (1) Community Health Work \$4,070) into the Merit System as a permanent full-time position	position #13506, and er II (VKVB) at salary p	its incumbent, a		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the E	Basic / Exempt salary schedule.			
Effective: Day following Board Action.  (Date)	Marta Goc		12/7/2017	
	(for) Director of Huma	n Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resource	.0	DATE	12/12/17	
☐ Disapprove Recommendation of Director of Human Resort Disapprove Recommendation of Director of Human Resort Director Director Of Human Resort Director Director Of Human Resort Director Direct			Mendoza	
		(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED   DISAPPROVED	David C	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	BY			

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

P300 (M347) Rev 3/15/01

Adjust class(es) / position(s) as follows:

## **REQUEST FOR PROJECT POSITIONS**

De	partment
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