POSITION ADJUSTMENT REQUEST

NO. 22222 DATE 1/9/2018

	artment No./ get Unit No. <u>0010</u> Oi	ra No. 1013 Aaei	ncv No. 10
Action Requested: ADOPT Position Adjustment Resolution N (LWVB) (represented) on the salary schedule from salary plan salary plan and grade ZB5 1787 (\$6,995 - \$9,374) with seven	o. to reallocate the c and grade ZB5 178	lassification of Sy	stems Accountant II
	Proposed	d Effective Date:	1/1/2018
Classification Questionnaire attached: Yes ☐ No ☒ / Cos	•		
Total One-Time Costs (non-salary) associated with request:	•	-	_
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$13,400.00	Net County Cost	\$13 400 00	
Total this FY \$6,700.00	N.C.C. this FY	\$6,700.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100%		φο;ι σσίσσ	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
ose additional shoot for futifier explanations of comments.	_	Robe	rt Campbell
		(for) Dep	partment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR	RCES DEPARTMEN	Т	
	L.Strob	el	1/11/2018
	Deputy County Ad	Iministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATION N/A	IS	D	OATE
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action. \[\sum_{1/1/2018}(Date) \]	Basic / Exempt salary schedu	ıle.	
	(for) Director of Hur	man Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resource	es	DATE	1/11/2018
☐ Disapprove Recommendation of Director of Human Resor	ırces	L.Strobel	
		(for) Co	ounty Administrator
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi	rid J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	BY _		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES	A PERSONNEL / SA	ALARY RESOLU	TION AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMA Adjust class(es) / position(s) as follows:	N RESOURCES DEP	ARTMENT FOLLO	WING BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>1/17/2018</u> No. <u>xxxxxxx</u>
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
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