POSITION ADJUSTMENT REQUEST

NO. <u>22237</u> DATE <u>1/29/2018</u>

	-	DATE	1/29/2010
Department HEALTH SVCS - Public Health Dept	Department No./ Budget Unit No. <u>0540</u> Or	g No. <u>5849</u> Agency N	lo. <u>A18</u>
Action Requested: Add one permanent full-time Public F 1602 (\$5,825.66 - \$7,079.91) in the Health Services Dep		I (VBSD) at salary pla	n and grade ZA5-
	Proposed	Effective Date: 1/1/2	<u>2018</u>
Classification Questionnaire attached: Yes ☐ No ☒ /	Cost is within Department	t's budget: Yes 🗌 🗈 🗈	No 🛛
Total One-Time Costs (non-salary) associated with reque	est: \$0.00	-	
Estimated total cost adjustment (salary / benefits / one til	me):		
Total annual cost <u>\$139,823.00</u>	Net County Cost	\$0.00	
Total this FY \$35,399.00	N.C.C. this FY	\$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 10			
Department must initiate necessary adjustment and submit to Use additional sheet for further explanations or comments.	CAO.		
ose additional sheet of further explanations of comments.		Mary Du	ınn
	_	(for) Departm	ent Head
REVIEWED BY CAO AND RELEASED TO HUMAN RES	SOURCES DEPARTMENT		
	Susan Sn	nith	2/6/2018
	Deputy 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 classes Effective: Day following Board Action. Day [Date]	s to the Basic / Exempt salary schedu	ıle.	
	(for) Director of Hun	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	<u>2/6/18</u>
 □ Approve Recommendation of Director of Human Res □ Disapprove Recommendation of Director of Human F □ Other: Approve as recommended by the Department 	Resources	/s/ Julie DiMaggio Enea	
Other: Approve as recommended by the Department	<u></u> _	(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	David	d J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	BY _		
APPROVAL OF THIS ADJUSTMENT CONSTITUT	TES A PERSONNEL / SA	ALARY RESOLUTION	AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY I	HUMAN RESOURCES DEPA	ARTMENT FOLLOWING	BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>2/6/2018</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