POSITION ADJUSTMENT REQUEST

NO. <u>22228</u> DATE 12/28/2017

| | nent No./ | 5/150 Agency No. A19 | <u>,, =0</u> | | |
|--|---|--|-----------------|--|--|
| | epartment <u>Employment and Human Services</u> Budget Unit No. <u>0504</u> Org No. <u>5450</u> Agency No. <u>A19</u> ction Requested: Cancel one Clerical Supervisor (JWHF) (position #16096) and add one Automated Call Distribution | | | | |
| Coordinator I (LBWB) position in the Workforce Services Bureau. | | le Automateu Can Dis | tilibation | | |
| | Proposed Effec | tive Date: 1/9/2018 | | | |
| Classification Questionnaire attached: Yes ☐ No ☒ / Cost is | • | lget: Yes ⊠ No □ | | | |
| Total One-Time Costs (non-salary) associated with request: \$0.0 | <u>00</u> | | | | |
| Estimated total cost adjustment (salary / benefits / one time): | | | | | |
| | Net County Cost \$2,32 | | | | |
| | N.C.C. this FY <u>\$968.</u> | | | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT Federal 42 | 2%, State 48%, County | <u>10%</u> | | | |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. | | | | | |
| | St | washant'e Dillon 925-60 | 8-5042 | | |
| | | (for) Department He | ead | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE | S DEPARTMENT | | | | |
| | Kristen Lackey | 1 | /12/2018 | | |
| | Deputy County Administr | rator | Date | | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Add one Automated Call Distribution Coordinator I (LBWB) (repre - \$7,322) and cancel one Clerical Supervisor (JWHF) (represented 1290 (\$4,266-\$5,447) in the Workforce Services Bureau of the English Company of | ed) vacant position #160 | 96 at Salary Plan and | 5 1636 (\$6,024 | | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basi | c / Exempt salary schedule. | | | | |
| Effective: Day following Board Action. [Date] | OParra | | 2/13/2018 | | |
| (fc | r) Director of Human Re | esources | Date | | |
| COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resource Other: | | DATE | _ | | |
| | | (for) County Admir | nistrator | | |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED | David J. Tv | David J. Twa, Clerk of the Board of Supervisors and County Administrator | | | |
| DATE | BY | | | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES A F | PERSONNEL / SALARY | RESOLUTION AME | NDMENT | | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN F | RESOURCES DEPARTME | NT FOLLOWING BOAR | D ACTION | | |

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment Date <u>2/13/2018</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 | | |
| 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