## **POSITION ADJUSTMENT REQUEST**

NO. <u>22242</u> DATE 2/21/2018

		1L <u>2/21/2010</u>				
Department Health Services	Department No./ Budget Unit No. <u>0540</u> Org No Agen	cy No. <u>18</u>				
Action Requested: Add one Facilities Maintenance Manager (GFDG) position						
	Proposed Effective Date: 3	<u>/14/2018</u>				
Classification Questionnaire attached: Yes 🗌 No 🔯 / Cost is within Department's budget: Yes 🔯 No 🗍						
Total One-Time Costs (non-salary) associated with reque	est:					
Estimated total cost adjustment (salary / benefits / one til	me):					
Total annual cost \$165,936.00	Net County Cost \$0.00					
Total this FY \$14,000.00	N.C.C. this FY \$0.00					
SOURCE OF FUNDING TO OFFSET ADJUSTMENT H	· · · · · · · · · · · · · · · · · · ·					
Department must initiate necessary adjustment and submit to C	CAO.					
Use additional sheet for further explanations or comments.	Anna Roth, Healt	h Services Director				
	(for) Depa	rtment Head				
REVIEWED BY CAO AND RELEASED TO HUMAN RES	SOURCES DEPARTMENT					
	Lisa Driscoll, County Finance Director	2/21/2018				
	Deputy County Administrator	Date				
HUMAN RESOURCES DEPARTMENT RECOMMENDA ADOPT Position Adjustment Resolution No. 22242 to ad at salary plan and grade ZA5 1960 (\$8302-\$10,091) in the	ld one full-time Facilities Maintenance Manag	TE <u>3/1/2018</u> er (GFDG)(represented)				
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P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

De	Department	Date 3/1/2018	No. <u>xxxxxx</u>			
1.	1. Project Positions Requested:					
2.	2. Explain Specific Duties of Position(s)					
3.	3. Name / Purpose of Project and Funding Source (do no	ot use acronyms i.e. S	B40 Project or SDSS	S Funds)		
4.	4. Duration of the Project: Start Date E Is funding for a specified period of time (i.e. 2 years) o		asis? Please explain.			
5.	5. Project Annual Cost					
	a. Salary & Benefits Costs:	b. Support Costs (services, supplie	s: es, equipment, etc.)			
	c. Less revenue or expenditure:	d. Net cost to Ge	eneral or other fund:			
6.		ect position(s) in terms al implications zational implications	s of:			
7.	<ol> <li>Briefly describe the alternative approaches to delivering alternatives were not chosen.</li> </ol>	g the services which	you have considered	. Indicate why these		
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.	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  2. Non-County employee		current job			
	Provide a justification if filling position(s) by C1 or C2					

USE ADDITIONAL PAPER IF NECESSARY