POSITION ADJUSTMENT REQUEST

NO. <u>22267</u> DATE <u>3/20/2018</u>

| | | DAI | L <u>3/20/2010</u> | | |
|--|---|----------------------------|--|--|--|
| Department HEALTH SERVICES | Department No./ Budget Unit No. <u>0860</u> Or | g No. <u>6567</u> Agency | / No. <u>A18</u> | | |
| Action Requested: Add one permanent full-time Health Services Reimbursement Accountant (VCTA) position at salary plan and grade ZA5-1854 (\$7,475 - \$10,017) in the Health Services Department. (Represented) | | | | | |
| | Proposed | Effective Date: 4/ | <u>11/2018</u> | | |
| Classification Questionnaire attached: Yes 🗌 No 🛛 / Cost is within Department's budget: Yes 🖾 No 🗌 | | | | | |
| Total One-Time Costs (non-salary) associated with request: <u>\$0.00</u> | | | | | |
| Estimated total cost adjustment (salary / benefits / one | time): | | | | |
| Total annual cost <u>\$192,666.76</u> | Net County Cost | <u>\$0.00</u> | | | |
| Total this FY \$48,166.68 | N.C.C. this FY | \$0.00 | | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT | Hospital Enterprise Fund I | | | | |
| Department must initiate necessary adjustment and submit to Use additional sheet for further explanations or comments. | OCAO. | | | | |
| | _ | Sheland | aAdams | | |
| | | (for) Depar | tment Head | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT | | | | | |
| | Susan Sr | Susan Smith 4/3/20 | | | |
| | Deputy County Ad | ministrator | Date | | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE Exempt from Human Resources review under delegated authority. DATE | | Έ | | | |
| Amend Resolution 71/17 establishing positions and resolutions allocating class Effective: Day following Board Action. (Date) | es to the Basic / Exempt salary schedu | ıle. | | | |
| | (for) Director of Hun | nan Resources | Date | | |
| COUNTY ADMINISTRATOR RECOMMENDATION: | | DATE | <u>4/3/18</u> | | |
| Approve Recommendation of Director of Human Re Disapprove Recommendation of Director of Human Other: <u>Approve as recommended by the Departmended</u> | Resources | /s/ Julie DiMaggio Enea | | | |
| | <u> </u> | (for) County Administrator | | | |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED | David | | ne Board of Supervisors / Administrator | | |
| DATE | BY _ | | | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITU | JTES A PERSONNEL / SA | ALARY RESOLUTIO | N AMENDMENT | | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION | | | | | |

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment | Date <u>4/3/2018</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,ed | juipment, etc.) | | |
| | c. Less revenue or expenditure: | d. Net cost to Genera | al or other fund: | | |
| 6. | • | the project position(s) in terms of: 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:
 - \Box 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