POSITION ADJUSTMENT REQUEST

NO. <u>22303</u> DATE <u>5/29/2018</u>

		DATI	E <u>5/29/2016</u>		
Department Health Services Department	Department No./ Budget Unit No. <u>0540</u> Or	g No. <u>6417</u> Agency	No. <u>A18</u>		
Action Requested: Increase the hours of one Mental Health Clinical Specialist (VQSB) position #15774 from 32/40 to 40/40 a salary plan and grade TC2-1384 (\$4,835 - \$7,178) in the Health Services Department. (Represented)					
	Proposed	d Effective Date: 7/1	<u>/2018</u>		
Classification Questionnaire attached: Yes \square No \boxtimes	/ Cost is within Departmen	t's budget: Yes □	No ⊠		
Total One-Time Costs (non-salary) associated with req	uest:				
Estimated total cost adjustment (salary / benefits / one	time):				
Total annual cost <u>\$28,313.00</u>	Net County Cost	<u>\$0</u>			
Total this FY \$2,359.00	N.C.C. this FY	<u>\$0.00</u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT	Hospital Enterprise Fund I	<u> </u>			
Department must initiate necessary adjustment and submit to	CAO.				
Use additional sheet for further explanations or comments.		Adrienn	e Todd		
	-	(for) Depart	ment Head		
REVIEWED BY CAO AND RELEASED TO HUMAN RE	ESOURCES DEPARTMENT	ī			
	Susan Sr	nith	6/4/2018		
	Deputy County Ac	 Iministrator	 Date		
HUMAN RESOURCES DEPARTMENT RECOMMEND. Exempt from Human Resources review under delegate		DATI	E		
Amend Resolution 71/17 establishing positions and resolutions allocating class	ses to the Basic / Exempt salary sched	ıle.			
Effective: Day following Board Action. Day following Board Action.					
	(for) Director of Hur	nan Resources	Date		
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Recommendation	ocourooc	DATE	<u>6/5/18</u>		
☐ Disapprove Recommendation of Director of Human ☐ Other: Approve as recommended by the Department	Resources	/s/ Julie DiMaggio Enea			
Za Other. Approve as recommended by the Departme	<u>-</u>	(for) County Administrator			
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED ☐ DISAPPROVED ☐	Davi		e Board of Supervisors Administrator		
DATE	BY _				
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT					
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY Adjust class(es) / position(s) as follows:	HUMAN RESOURCES DEP	ARTMENT FOLLOWIN	G BOARD ACTION		

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	Department	Date <u>6/5/2018</u>	No. <u>xxxxxx</u>		
1.	I. Project Positions Requested:				
2.	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 Is funding for a specified period of time (i.e. 2 y)	End Date rears) or on a year-to-year basis	s? Please explain.		
5.	5. Project Annual Cost				
	a. Salary & Benefits Costs:	b. Support Costs: (services, supplies, e	equipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Gene	ral or other fund:		
6.	a. potential future costs d.	he project position(s) in terms of political implications organizational implications	.		
7.	 Briefly describe the alternative approaches to d alternatives were not chosen. 	delivering the services which you	u 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.	 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 2. Non-County employee 	•	rrent job		
	Provide a justification if filling position(s) by C1	or C2			

USE ADDITIONAL PAPER IF NECESSARY