POSITION ADJUSTMENT REQUEST

NO. <u>22300</u> DATE 6/1/2018

Department No./

Department CAO-Risk Management Budget Unit No. 0150 Org No. 1505 Agency No. 02 Action Requested: ADD one (1) Senior Workers' Compensation Claims Adjuster (AJTC) (represented) and CANCEL one (1) Workers' Compensation Claims Adjuster II (AJVF) (represented) in the Risk Management Division of the County Administrator's Office. Proposed Effective Date: 7/1/2018 Classification Questionnaire attached: Yes
No / Cost is within Department's budget: Yes No / Total One-Time Costs (non-salary) associated with request: Estimated total cost adjustment (salary / benefits / one time): Total annual cost \$10,142.00 Net County Cost \$0.00 N.C.C. this FY Total this FY \$0.00 \$0.00 SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Workers Compensation Internal Service Fund Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. Sharon Hymes-Offord, Risk Manager (for) Department Head REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT L.Strobel 6/1/18 Deputy County Administrator Date HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE 6/14/2018 Add one (1) Senior Workers' Compensation Claims Adjuster (AJTC) (represented) at a salary plan and grade ZB5 1667 (\$6,211.86 - \$7,550.55) and cancel one (1) Workers' Compensation Claims Adjuster II (AJVF) (represented) position no. 6277 at salary plan and grade ZB5 1564 (\$5,609.58 - \$6,818.48). Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule. Effective: ☐ Day following Board Action. Mary Jane De Jesus-Saepharn 6/14/2018 (for) Director of Human Resources Date COUNTY ADMINISTRATOR RECOMMENDATION: DATE 6/20/18 Approve Recommendation of Director of Human Resources ☐ Disapprove Recommendation of Director of Human Resources L.Strobel Other: (for) County Administrator BOARD OF SUPERVISORS ACTION: David J. Twa, Clerk of the Board of Supervisors Adjustment is APPROVED ☐ DISAPPROVED ☐ and County Administrator DATE BY APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

De	Partment Date <u>6/20/2018</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