POSITION ADJUSTMENT REQUEST

NO. <u>22283</u> DATE 4/26/2018

				DATE 4/20/2010	<u> </u>
Department Health Services Department	Department I Budget Unit I		g No. <u>5943</u> Ag	jency No. <u>A18</u>	
Action Requested: Add one permanent Clerk-Special - \$4,913.64) in the Health Services Department. (Rep		(JWXD) at	salary plan and	l grade 3RX-1156	(\$3,847.68
		Proposed	d Effective Date	e: <u>7/1/2018</u>	
Classification Questionnaire attached: Yes \(\subseteq \) No \(\subseteq \) Total One-Time Costs (non-salary) associated with re		Departmen	t's budget: Yes	S ⊠ No □	
Estimated total cost adjustment (salary / benefits / one	•				
Total annual cost \$101,610.6	•	County Cost	\$0.00		
Total this FY \$101,610.6		C. this FY	\$0.00		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT	_				
Department must initiate necessary adjustment and submit					
Use additional sheet for further explanations or comments.			Ac	drienne Todd	
			(for) D	epartment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN I	RESOURCES DE	PARTMENT	-		
		Susan Sr	nith	6/25/	/2018
	Deput	y County Ad	lministrator		Date
HUMAN RESOURCES DEPARTMENT RECOMMEN Exempt from Human Resources review under delegate				DATE	
Amend Resolution 71/17 establishing positions and resolutions allocating classificative: Day following Board Action. (Date)	asses to the Basic / Exer	npt salary schedu	ıle.		
	(for) Dir	ector of Hur	nan Resources		Date
COUNTY ADMINISTRATOR RECOMMENDATION:	D		DATE	6/27/18	
 □ Approve Recommendation of Director of Human I □ Disapprove Recommendation of Director of Human □ Other: Approve as recommended by the Department 	an Resources	/s/		Julie DiMaggio Enea	
Other. Approve as recommended by the Departin	<u>ient.</u>	_	(for) County Administrator		ator
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		David	id J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE		BY _			
APPROVAL OF THIS ADJUSTMENT CONSTI	TUTES A PERS	ONNEL / SA	ALARY RESOL	UTION AMENDM	1ENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED E Adjust class(es) / position(s) as follows:	BY HUMAN RESO	URCES DEP	ARTMENT FOLL	OWING BOARD A	CTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>6/27/2018</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 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: 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