			<u>22309</u>	
	Department No./	DATE	<u>6/7/2018</u>	
Department Employment and Human Services	Budget Unit No. 0503 Or	g No. <u>5315</u> Agency N	No. <u>A19</u>	
Action Requested: Add four (4) Social Worker full time p and cancel four (4) vacant Social Work II (X0WB) positio 255-1553 (\$5,714 - \$6,299) in EHSD. (All represented)				
	Proposed	Effective Date: 7/1/2	<u>2018</u>	
Classification Questionnaire attached: Yes D No X /	Cost is within Department	t's budget:Yes 🛛 🛛	No 🗌	
Total One-Time Costs (non-salary) associated with reque	est: <u>\$0.00</u>			
Estimated total cost adjustment (salary / benefits / one tir	me):			
Total annual cost <u>(\$29,290.00)</u>	Net County Cost	<u>\$0.00</u>		
Total this FY <u>\$0.00</u>	N.C.C. this FY	<u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 10	00% State revenue			
Department must initiate necessary adjustment and submit to C Use additional sheet for further explanations or comments.	CAO.			
		Cheryl Morse 608-5024		
	-	(for) Departm	ent Head	
HUMAN RESOURCES DEPARTMENT RECOMMENDA	Deputy County Ad		Date	
Add four (4) Social Worker full time positions (X0VC) at s vacant Social Worker II (X0WB) position numbers 17274 (\$5,714 - \$6,299) in the Employment and Human Service	alary plan and grade 255- , 17275, 17276, and 1727	1434 (\$5,079 - \$6,17 7 at salary plan and g	3) and cancel four (4)	
Amend Resolution 71/17 establishing positions and resolutions allocating classes	s to the Basic / Exempt salary schedu	ıle.		
Effective: Day following Board Action.		son	6/20/2018	
	(for) Director of Hun	nan Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Res Disapprove Recommendation of Director of Human F Other:		DATE		
		(for) County	Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED D	David	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	BY _			
APPROVAL OF THIS ADJUSTMENT CONSTITUT	TES A PERSONNEL / SA	ALARY RESOLUTION	AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY H Adjust class(es) / position(s) as follows:	HUMAN RESOURCESDEP	ARTMENT FOLLOWING	BOARD ACTION	

POSITION ADJUSTMENT REQUEST

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment	Date <u>7/3/2018</u>	No. <u>xxxxxx</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, ec	uipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Genera	al or other fund:		
6.		project position(s) in terms of: olitical implications rganizational 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