## **POSITION ADJUSTMENT REQUEST**

NO. <u>22375</u> DATE <u>10/10/2018</u>

Department No./

Department Health Services

Budget Unit No. 0460 Org No. 6125 Agency No. A18

Action Requested: Add one (1) permanent Clerk-Specialist-Level (JWXD) position at salary level 3RX-1156 (\$3,847.68 - \$4,913.64) and Cancel one (1) vacant Secretary Journey-Level (J3TF) position #14716 at salary level 3R2-1015 (\$3,466.77 - \$4,778.98) in the Health Services Department. (Represented)

	Proposed Effective Date: 11/01/201	<u>8</u>	
ssification Questionnaire attached: Yes \( \) No \( \) / Cost is within Department's budget: Yes \( \) No \( \) al One-Time Costs (non-salary) associated with request: \( \frac{\$0.00}{}{} \) imated total cost adjustment (salary / benefits / one time):			
· · · · · · · · · · · · · · · · · · ·	ounty Cost		
	this FY		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% HMO E	nterprise Funds		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
	Jacqueline Kidd		
	(for) Department H	lead	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DE	PARTMENT		
Deputy	County Administrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS  Exempt from Human Resources review under delegated authority.	DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exemple Effective: Day following Board Action.  (Date)	ot salary schedule.		
(for) Dire	ector of Human Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resources	DATE 10/30/18		
☐ Disapprove Recommendation of Director of Human Resources ☐ Other: Approve as recommended by the department.	/s/ Julie DiMaggio	/s/ Julie DiMaggio Enea	
	(for) County Adm	(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED ☐ DISAPPROVED ☐	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	BY		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSO	ONNEL / SALARY RESOLUTION AME	NDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOLU	RCES DEPARTMENT FOLLOWING BOAR	RD ACTION	

Adjust class(es) / position(s) as follows:

## **REQUEST FOR PROJECT POSITIONS**

De	partment Date <u>10/30/2018</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 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