POSITION ADJUSTMENT REQUEST

NO. 22389 DATE <u>11/21/18</u>

Department No./

Department Healt	h Services	Budget Unit No.04	<u>50</u> Org No. 6377 Agency	y No. <u>A18</u>
Action Requested:	Add one (1) Public Health Nurse (V	VXA) position in the	Health Services Department.	
		Pı	roposed Effective Date: <u>12/11</u>	/2018
Classification Ques	stionnaire attached: Yes 🗆 No 🗵		•	lo 🗆
	osts (non-salary) associated with req		3	
	at adjustment (salary / benefits / one	· · · · · · · · · · · · · · · · · · ·		
	Total annual cost \$225,373	Net Count	v Cost 0	
	Total this FY \$93,905	N.C.C. thi	-	
SOURCE OF FUN	IDING TO OFFSET ADJUSTMENT:	100% Health Resou	rces and Services Administrato	<u>ors</u>
	tiate necessary adjustment and submit to	CAO.		
Use additional sheet	for further explanations or comments.		Sabrina Pe	areon
			(for) Departme	nt Head
REVIEWED BY CA	AO AND RELEASED TO HUMAN RI	ESOURCES DEPAR	TMENT	
		Deputy Cou	unty Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE Exempt from Human Resources review under delegated authority.				
_	establishing positions and resolutions allocating class y following Board Action. (Date)	ses to the Basic / Exempt sala	ary schedule.	
		(for) Director	of Human Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resolution Disapprove Recommendation of Director of Human Resolution Other: Approve as recommended by the department.			DATE 11/26/18	
			/s/ Julie DiMaggio Enea	
⊠ Other. <u>Approve</u>	as recommended by the department	<u>III.</u>	(for) County Administrator	
			. , .	
	RVISORS ACTION: PROVED ☐ DISAPPROVED ☐		David J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE			BY	
APPROVAI	OF THIS ADJUSTMENT CONSTIT	UTES A PERSONNI	EL / SALARY RESOLUTION /	AMENDMENT
	MENT ACTION TO BE COMPLETED BY cosition(s) as follows:	Y HUMAN RESOURCE	S DEPARTMENT FOLLOWING I	BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>11/21/2018</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