POSITION ADJUSTMENT REQUEST

NO. 22398 DATE <u>12/4/18</u>

Department No./

Department Health Services

Budget Unit No.5770 Org No. 5826 Agency No. A18

Action Requested: Add two Clerk-Senior Level (JWXC) positions and cancel one vacant Administrative Aide-Project (AP73) position #14698 and cancel one vacant Administrative Aide-Deep Class (AP7A) position #17050 in Health Services Department.

| Proposed Effective Date: 1/15/2019 Classification Questionnaire attached: Yes \(\scale \) No \(\scale \) / Cost is within Department's budget: Yes \(\scale \) No \(\scale \) Fotal One-Time Costs (non-salary) associated with request: \$0.00 | | | | | |
|---|--|-------------------------|--|--|--|
| Estimated total cost adjustment (salary / benefits / one time) Total annual cost \$41,163 Total this FY \$8,232 |): Net County Cost N.C.C. this FY | | | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% State California Department of Public Health (CDPH) allocation for Maternal, Child & Adolescent Health (MCAH) with Federal match from Title XIX funding. | | | | | |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. Sabrina Pearson | | | | | |
| | (for) Department Head | | | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT | | | | | |
| _ | Deputy County Administrator Date | | | | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIO | | | | | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to t Effective: Day following Board Action. (Date) | he Basic / Exempt salary schedule. | | | | |
| | (for) Director of Human Resources Date | | | | |
| COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Reso Disapprove Recommendation of Director of Human Reso Other: Approve as recommended by the department. | DATE 12/11/18 | | | | |
| | | /s/ Julie DiMaggio Enea | | | |
| | (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 PERSONNEL / SALARY RESOLUTION AMENDMENT | | | | | |

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

P300 (M347) Rev 3/15/01

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

REQUEST FOR PROJECT POSITIONS

| Dep | Department D | ate <u>12/4/2018</u> | No. <u>xxxxxx</u> | | |
|-----|---|--|----------------------|--|--|
| 1. | 1. Project Positions Requested: | | | | |
| 2. | 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. | 5. Project Annual Cost | | | | |
| | a. Salary & Benefits Costs: | b. Support Costs: (services, supplies | | | |
| | c. Less revenue or expenditure: | d. Net cost to Ger | neral 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. | 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 pla 2. Non-County employee | aced on leave from c | urrent job | | |
| | Provide a justification if filling position(s) by C1 or C2 | | | | |
| | | | | | |

USE ADDITIONAL PAPER IF NECESSARY