POSITION ADJUSTMENT REQUEST

NO. <u>22420</u> DATE <u>1/2/19</u> Department No./

| Department Health Services Bud | get Unit No. <u>0467</u> Org No. <u>5753</u> | Agency No. A18 | |
|---|--|--|--|
| Action Requested: Reclassify position #15602 from Mental Fin the Health Services Department. | Health Clinical Specialist (VQSB) to | Clinical Psychologist (VQTB) | |
| | Proposed Effective Da | ate: | |
| Classification Questionnaire attached: Yes \(\subseteq \) No \(\subseteq \) / Costonal One-Time Costs (non-salary) associated with request: Estimated total cost adjustment (salary / benefits / one time): | , | es ⊠ No □ | |
| Total annual cost \$6,820 | Net County Cost 0 | | |
| Total this FY \$2,841 | N.C.C. this FY <u>\$0</u> | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% | Federally Qualified Health Care re | evenue | |
| DepartmentmustinitiatenecessaryadjustmentandsubmittoCAO. | | | |
| Use additional sheet for further explanations or comments. | J | o-Anne Linares | |
| | | | |
| | (for) | Department Head | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR | RCES DEPARTMENT | | |
| | Enid Mendoza | 1/16/2019 | |
| | Deputy County Administrator | Date | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATION | IS | DATE <u>1/16/19</u> | |
| ADOPT Position Adjustment Resolution No. 22420 to reclass Health Clinical Specialist (VQSB) (represented) at salary plan (VQTB) (represented) at salary plan and grade TC2 1483 (\$6.00) | and grade TC2 1384 (\$4,980 - \$7 | 7,394) to Clinical Psychologist | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action. | Basic / Exempt salary schedule. | | |
| Date) | Lauren Ludwig | 1/16/19 | |
| | (for) Director of Human Resource | es Date | |
| COUNTY ADMINISTRATOR RECOMMENDATION: | | DATE <u>01/17/2019</u> | |
| ☑ Approve Recommendation of Director of Human Resou ☐ Disapprove Recommendation of Director of Human Re ☐ Other: | | | |
| | (for | (for) County Administrator | |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED | | rk of the Board of Supervisors County Administrator | |
| DATE | BY | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES | A PERSONNEL / SALARY RESO | DLUTION AMENDMENT | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUM | AN RESOURCES DEPARTMENT FOL | LLOWING BOARD ACTION | |

P300 (M347) Rev 3/15/01

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

REQUEST FOR PROJECT POSITIONS

| De | partment Date <u>1/17/2019</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 | |
| 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 thalfway 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