## **POSITION ADJUSTMENT REQUEST**

NO. <u>22413</u> DATE <u>1/14/2019</u>

Department Sheriff Coroner

Department No./

Budget Unit No. 0255 Org No. 2515 Agency No. 25

Action Requested: REALLOCATE class of Forensic Manager (6CGA) (represented) from salary level ZA5-2057 (\$9,413.75-\$11,442.47) to ZA5-1002 (\$10,458.87-\$12,712.82) place incumbent employees #63240 (Pos #10028) and #73989 (Pos

$\phi(1,442.47)$ to 2A3-1002 ( $\phi(0,430.07-\phi(2,7)2.02)$ plat	ce incumbent employees #05240 (1 05 #10020) and #15303 (1 05
#13924) at the New Step 5. In the event the difference	between the top step base rate of pay for Forensic Manager and
Deputy Sheriff-Forensic Supervisor (6DHB) is less than	n 5%, adjust steps to maintain 5%.

	Proposed Ef	fective Date: 1/1/2	<u> 2019</u>	
Classification Questionnaire attached: Yes ☐ No ☒ / Cost is	s within Department's I	budget: Yes 🛭 🏻 1	No 🗆	
Total One-Time Costs (non-salary) associated with request:	<u></u>			
Estimated total cost adjustment (salary / benefits / one time):				
Total annual cost \$46,800.00	Net County Cost \$2	<u>3,400.00</u>		
Total this FY <u>\$23,400.00</u>	N.C.C. this FY 11	,700.00		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 50% Ger	neral Fund and 50% fe	<u>e for service reven</u>	iue.	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.		Lisa Dris	scoll	
		(for) Departm	ent Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURC	ES DEPARTMENT			
	Lisa Driscoll		1/14/2019	
	Deputy County Admin	istrator	Date	
1002 (\$10,458.87-\$12,712.82) place incumbent employees #63240 (Pos #10028) and #73989 (Pos #13924) at the New Step 5. In the event the difference between the top step base rate of pay for Forensic Manager and Deputy Sheriff-Forensic Supervisor (6DHB) is less than 5% (and class is used/filled), adjust steps to maintain 5%.  Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.				
Effective: ☐ Day following Board Action. ☐ 1/1/2019(Date)	Tina Pruett		1/14/2019	
(1)	for) Director of Human	Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	1/14/2019	
<ul> <li>✓ Approve Recommendation of Director of Human Resources</li> <li>✓ Disapprove Recommendation of Director of Human Resource</li> <li>✓ Other:</li> </ul>	ees	Lisa Driscoll		
		(for) County	Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED   DISAPPROVED	David J.	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	BY	<del>_</del>		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A	PERSONNEL / SALA	RY RESOLUTION	AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN	RESOURCES DEPARTI	MENT FOLLOWING	BOARD ACTION	

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

## **REQUEST FOR PROJECT POSITIONS**

De	partment Date <u>1/14/2019</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, 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