POSITION ADJUSTMENT REQUEST

NO. <u>22415</u> DATE <u>12/13/2018</u>

| R | And and the start Alla / | Bitti | E <u>12/13/2018</u> | |
|---|--|---|---|--|
| | epartment No./ Judget Unit No. <u>0249</u> Or | rg No. <u>1780</u> Agency | ^r No. <u>A40</u> | |
| Action Requested: Delete one (1) Child Spprt Asst Supervisor (SMNA). | isor (JJHJ), pos#3548 | and Add one (1) Ch | nild Support Svcs | |
| | Proposed | d Effective Date: <u>1/</u> | 1/2019 | |
| Classification Questionnaire attached: Yes D No X / C | • | | | |
| Total One-Time Costs (non-salary) associated with request | • | | | |
| Estimated total cost adjustment (salary / benefits / one time | | | | |
| Total annual cost <u>\$5,006.00</u> | , | <u> </u> | | |
| | Net County Cost | | | |
| Total this FY <u>\$2,085.00</u> | N.C.C. this FY | <u>\$0.00</u> | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT Full | y funded by Federal/Sta | te grants; zero cost | to CGF | |
| Department must initiate necessary adjustment and submit to CA Use additional sheet for further explanations or comments. | О. | | | |
| | | Sarah Bun | nell | |
| | - | (for) Depart | ment Head | |
| | | r. | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT | | | | |
| | Julia Tay | /lor | 1/14/19 | |
| - | Deputy County Ad | Iministrator | Date | |
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| HUMAN RESOURCES DEPARTMENT RECOMMENDATIOn Add one (1) Child Support Supervisor (SMNA) (represented \$6,898.98), and cancel one (1) vacant Child Support Assist and grade K65 1483 (\$5,332.57 - \$6,481.78) in the Department | d) full time position in sa stant Supervisor(JJHJ) | alary plan and grade (represented) position | | |
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P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment | Date 2/6/2019 | No | | |
|----|---|---|-------------------|--|--|
| 1. | Project Positions Requested: | | | | |
| 2. | Explain Specific Duties of Position(s) | | | | |
| 3. | 8. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds) | | | | |
| 4. | I. 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,eq | uipment, etc.) | | |
| | c. Less revenue or expenditure: | d. Net cost to Genera | al or other fund: | | |
| 6. | • | g the project position(s) in terms of: d. political implications e. organizational 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:
 - \Box 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