POSITION ADJUSTMENT REQUEST

NO. <u>22459</u> DATE 5/1/2019

Department No./

Budget Unit No. 0450 Org No. 5831 Agency No. A18 Department Health Services Action Requested: Add two Public Health Nurse (VVXA) positions in the Health Services Department. Proposed Effective Date: 05/15/2019 Total One-Time Costs (non-salary) associated with request: \$0.00 Estimated total cost adjustment (salary / benefits / one time): Total annual cost \$454.089 Net County Cost Total this FY N.C.C. this FY \$107,647 SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% CalWORKS Home Visiting Initiative 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 Enid Mendoza 05/07/2019 Deputy County Administrator Date HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE ____ Exempt from Human Resources review under delegated authority. Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule. ☐ Day following Board Action. Effective: (Date) (for) Director of Human Resources Date COUNTY ADMINISTRATOR RECOMMENDATION: DATE 05/7/2019 ☐ Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resources Enid Mendoza ☑ Other: Approve as recommended by the department. (for) County Administrator BOARD OF SUPERVISORS ACTION: David J. Twa, Clerk of the Board of Supervisors Adjustment is APPROVED ☐ DISAPPROVED ☐ 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

De	Department	Date	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 (services,	Costs: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 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 2. Non-County employee		from current job	
	Provide a justification if filling position(s) by C1 or C2			

USE ADDITIONAL PAPER IF NECESSARY