## POSITION ADJUSTMENT REQUEST

NO. <u>22463</u> DATE <u>04/25/2019</u>

				DATE <u>04/</u>	23/2013	
Department Health Services	Department No./ Budget Unit No.		g No <u>5933</u>	. Agency No. <u>A</u>	<u>\18</u>	
Action Requested: Add one Substance Abuse Lead Counselor (VHTC) position and cancel one vacant Substance Abuse Counselor (VHVC) position #17210 the Health Services Department.						
	F	Proposed	d Effective	Date: 05/15/20	019	
Classification Questionnaire attached: Yes 🗌 No 🛛 / Cost is within Department's budget: Yes 🗌 No 🖾						
Total One-Time Costs (non-salary) associated with request: <u>\$0.00</u>						
Estimated total cost adjustment (salary / benefits / one	•					
Total annual cost <u>\$7,866</u>	Net Cour	•				
Total this FY <u>\$ 655</u>	N.C.C. th		<u>\$0</u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT	50% Realignment a	<u>ana 50%</u>	the Subsi	ance Abuse Bi	<u>ock Grant (SABG)</u>	
Department must initiate necessary adjustment and submitt	o CAO.					
Use additional sheet for further explanations or comments.	se additional sheet for further explanations or comments. Sabrina Pearson					
		-	(f	or) Department	Head	
			('	or) Department		
REVIEWED BY CAO AND RELEASED TO HUMAN R	ESOURCES DEPA	RTMEN	Г			
	E	nid Men	doza		05/07/2019	
	Deputy Co	ounty Ac	ministrato	r	Date	
HUMAN RESOURCES DEPARTMENT RECOMMEND	DATIONS	DATE				
Exempt from Human Resources review under delegate	ed authority					
Amend Resolution 71/17 establishing positions and resolutions allocating class	ses to the Basic / Exempt sa	alary sched	ule.			
Effective: Day following Board Action.						
	(for) Directo	or of Hur	man Resou	irces	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE <u>05/07/2019</u>				
<ul> <li>□ Approve Recommendation of Director of Human Re</li> <li>□ Disapprove Recommendation of Director of Human</li> <li>○ Other: <u>Approve as recommended by the department</u></li> </ul>	n Resources	Enid Mendoza				
	<u></u>				(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 CONSTIT	UTES A PERSON	NEL / SI	ALARY RE	SOLUTION AM	IENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED B	Y HUMAN RESOURC	ES DEP.	ARTMENT	FOLLOWING BC	ARD ACTION	

P300 (M347) Rev 3/15/01

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

## **REQUEST FOR PROJECT POSITIONS**

De	partment	Date	No. <u>xxxxxx</u>
1.	Project Positions Requested:		
2.	Explain Specific Duties of Position(s)		
3.	Name / Purpose of Project and Funding Sou	urce (do not use acronyms i.e. SB40	Project or SDSS Funds)
4.	Duration of the Project: Start Date Is funding for a specified period of time (i.e.		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.	Briefly explain the consequences of not fillin a. potential future costs b. legal implications c. financial implications	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:
    - 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