POSITION ADJUSTMENT REQUEST

NO. <u>22444</u> DATE <u>4/1/2019</u>

Department No./

| Department Employment and Human Services/Admin Budget U | Unit No. <u>501</u> Org | No. <u>5101</u> Agency N | lo. <u>019</u> |
|---|-------------------------|---|---------------------------------|
| Action Requested: Reassign one (1) Secretary-Journey Level (J3 0504 to Department 0501 and flex-up the position to Secretary-Ac Services Department. | | | |
| · | Proposed | d Effective Date: 7/1 | /2019 |
| Classification Questionnaire attached: Yes ☐ No ☒ / Cost is | • | · | No ⊠ |
| Total One-Time Costs (non-salary) associated with request: \$0.0 | • | o — | |
| Estimated total cost adjustment (salary / benefits / one time): | - | | |
| | Net County Cost | \$4,460,00 | |
| · · · · · · · · · · · · · · · · · · · | N.C.C. this FY | \$4,460.00 | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT N/A | 14.0.0. 11113111 | <u>\$4,400.00</u> | |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. | | | |
| | _ | Kathy Gallagh | ner/Director |
| | | (for) Departr | ment Head |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE | | | |
| | Julia Tay | /lor | 4/17/2019 |
| | eputy County Ad | ministrator | Date |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Reassign one (1) Secretary-Journey Level (J3TF) vacant (represe Department 0501, in the Employment and Human Services Department | tment. | 4439) from Departme | 5 <u>/8/2019</u> ent 0504 to |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic | / Exempt salary schedu | ıle. | |
| Effective: ☐ Day following Board Action. ☐ 7/1/2019(Date) | Amanda Mon | son | 5/8/2019 |
| (for | r) Director of Hun | nan Resources | Date |
| COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources | | DATE | <u>6/4/2019</u> |
| □ Disapprove Recommendation of Director of Human Resource□ Other: | s | Enid Mendoza | |
| | | (for) Count | y Administrator |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED □ DISAPPROVED □ | David | id J. Twa, Clerk of the Board of Supervisors and County Administrator | |
| DATE | BY _ | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES A P | PERSONNEL / SA | LARY RESOLUTION | AMENDMENT |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN R Adjust class(es) / position(s) as follows: | ESOURCES DEPA | ARTMENT FOLLOWING | G BOARD ACTION |

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment Date <u>6/4/2019</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 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