POSITION ADJUSTMENT REQUEST

NO. <u>22431</u> DATE <u>10/12/2018</u>

| | | | L | DATE <u>10/12/2018</u> | | |
|---|--|---|-----------------------|--|--|--|
| Department County Library | Department No Budget Unit No | | g No. <u>3702</u> Age | ency No. <u>85</u> | | |
| Action Requested: Reclassify one (1) full time 40/40 Ad incumbent to one (1) full-time Departmental Personnel C | | | | on no. 5997 and its | | |
| ······································ | | | Effective Date: | 12/1/2018 | | |
| Classification Questionnaire attached: Yes \square No \square / Cost is within Department's budget: Yes \square No \square | | | | | | |
| Total One-Time Costs (non-salary) associated with requ | | | | | | |
| Estimated total cost adjustment (salary / benefits / one ti | | | | | | |
| Total annual cost <u>\$8,463.00</u> | | unty Cost | \$0.00 | | | |
| Total this FY \$4,937.00 | | this FY | \$0.00 | | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT | | | <u>+</u> | | | |
| Department must initiate necessary adjustment and submit to | CAO. | | | | | |
| Use additional sheet for further explanations or comments. | | | Melinda | a S. Cervantes | | |
| | | - | (for) De | partment Head | | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RE | SOURCES DEP | ARTMENT | | | | |
| | | | | | | |
| | | | | | | |
| | — Deputy (| County Ad | ministrator | Date | | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDA Reclassify one (1) full-time Administrative Services Office Personnel Officer – Exempt (APG1) and place its incum | er (APDB) positi | on 5997 a | | DATE <u>8/28/2019</u> to Departmental | | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classe | es to the Basic / Exempt | salary schedu | lle. | | | |
| | tive: Day following Board Action. <u>9/1/2019(Date)</u> Shelly Gough (for) Director of Human Re | | зh | 8/28/2019 | | |
| | | | | | | |
| | | | ian Resources | Date | | |
| COUNTY ADMINISTRATOR RECOMMENDATION: | sources | | DATE | <u>9/18/2019</u> | | |
| Disapprove Recommendation of Director of Human Other: | Resources | sources /s/ Julie DiMago | | DiMaggio Enea | | |
| | | - | (for) C | ounty 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 CONSTITU | TES A PERSO | NNEL / SA | LARY RESOLU | TION AMENDMENT | | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY Adjust class(es) / position(s) as follows: | HUMAN RESOUF | RCESDEP | ARTMENT FOLLO | WING BOARD ACTION | | |

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment | Date <u>10/12/18</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,eq | uipment, etc.) | | | | |
| | c. Less revenue or expenditure: | d. Net cost to Genera | al or other fund: | | | | |
| 6. | • | ne project position(s) in terms of: political implications 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