POSITION ADJUSTMENT REC	QUEST	NO. 25606
Department No./		DATE <u>21 May 2020</u>
Department Health Services Department Budget Unit No.030	<u>1</u> Org No. <u>5700</u>	_Agency No. <u>18</u>
Action Requested:		
Add Various Medical and Mental Health Positions and classifications (as listed	d in Attachment 1) in the I	Health Services
Department.		
	Proposed Effective Date: 26 May 2020	
Classification Questionnaire attached: Yes No V / Cost is with Total One-Time Costs (non-salary) associated with request:	in Department's budget:	Yes 🔳 No 🗌
Estimated total cost adjustment (salary / benefits / one time):		
Total annual cost \$ <u>3,329,808.85</u>	Net County Cost	\$ <u>3,329,808.85</u>
Total this FY \$ <u>277,484.07</u>	N.C.C. this FY	\$ <u>277,484.07</u>
SOURCE OF FUNDING TO OFFSET ADJUSTMENT		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.		
	(for) Dep	artment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPART	MENT	
Sarah Kennard for		21 May 2020
	nty Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS	DATE	
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary	schedule.	
Effective: Day following Board Action.		
■ <u>27 May 2020</u> (Date)	(for) Director of Huma	n Resources
COUNTY ADMINISTRATOR RECOMMENDATION	DATE	
Approve Recommendation of Director of Human Resources		
Disapprove Recommendation of Director of Human Resources		
Other:		
	(for)	County Administrator
BOARD OF SUPERVISORS ACTION: Adjustment APPROVED DISAPPROVED	and Count	the Board of Supervisors ty Administrator
	BY	
	THIS ADJUSTMENT COI	NSTITUTES A
PERSONNEL / SALARY RESOLUTION AMENDMENT		

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>21 May 2020</u> No No
	Project Positions Requested: Yes
2.	Explain Specific Duties of Position(s) In response to increased need for healthcare services in county adult detention facilities.
3.	Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds) General Fund.
4.	Duration of the Project: Start Date <u>5/26/2020</u> End Date <u>06/2021 or longer</u> Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain. Year to year
5.	Project Annual Cost
	1. Salary & Benefit Cost \$
	3. Less revenue or expenditure \$4. 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 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. None
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 N/A
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 Clear

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