

**POSITION ADJUSTMENT REQUEST**

NO. 25635  
DATE 10/13/20

Department Health Services

Budget Unit No.0450 Org No.5822

Department No./  
Agency No. A18

Action Requested: Add one (1) Infection Prevention and Control Manager-Project (VWS1)(represented) in the Health Services Department.

Proposed Effective Date: 10/20/20

Classification Questionnaire attached: Yes  No  / Cost is within Department's budget: Yes  No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$286,216.52

Net County Cost 0

Total this FY \$166,959.64

N.C.C. this FY \$0

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% FEMA COVID Response Funds

Department must initiate necessary adjustment and submit to CAO.

Use additional sheet for further explanations or comments.

Jo-Anne Linares

\_\_\_\_\_  
(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Sarah Kennard for

10/13/20

\_\_\_\_\_  
Deputy County 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.

\_\_\_\_\_(Date)

\_\_\_\_\_  
(for) Director of Human Resources

\_\_\_\_\_  
Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

Approve Recommendation of Director of Human Resources

Disapprove Recommendation of Director of Human Resources

Other: Approve as recommended by the department.

\_\_\_\_\_  
(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 CONSTITUTES 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:

## REQUEST FOR PROJECT POSITIONS

Department Health Services Department

Date 10/14/2020

No. 25635

1. Project Positions Requested:  
Infection Prevention and Control Manager-Project (VWS1) 40/40
2. Explain Specific Duties of Position(s)  
Position will oversee COVID-19 contact tracing and reporting for employees testing positive across all departments.
3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)  
FEMA COVID-19 (Coronavirus-19) response funds.
4. Duration of the Project: Start Date 10/20/2020 End Date \_\_\_\_\_  
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.  
End date will be determined by the length of the COVID-19 pandemic.
5. Project Annual Cost
  - a. Salary & Benefits Costs: \$286,216.52
  - b. Support Costs: \_\_\_\_\_  
(services, supplies, equipment, etc.)
  - c. Less revenue or expenditure: \_\_\_\_\_
  - d. Net cost to General or other fund: \$286,216.52
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 implicationsIf this position is not filled, the department will not be able to meet the labor requirements under SB 1159.
7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.  
These services are unique to current operational requirements.
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  
4/1/2021
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