POSITION ADJUSTMENT REQUEST

NO. <u>25641</u> DATE <u>10/27/20</u> Department No./

Department Health Services	Budget Unit No.0450 Org No. 5752	Agency No. A18					
Action Requested: Establish nine (9) project classification See P300 Attachment #1.	ns and add 37 positions in the Health S	Services Department –					
	Proposed Effective D	Date: <u>11/11/2020</u>					
Classification Questionnaire attached: Yes No /	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 tir	ne):						
Total annual cost \$6,441,203	Net County Cost 0						
Total this FY \$3,757,368	N.C.C. this FY \$0						
SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 10	00% Federal funding						
Department must initiate necessary adjustment and submit to 0 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	11/3/2020					
	Deputy County Administrator	 Date					
	Deputy County Administrator	Date					
HUMAN RESOURCES DEPARTMENT RECOMMENDA		DATE					
Amend Resolution 71/17 establishing positions and resolutions allocating classes to Effective: Day following Board Action.	TIONS						
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P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment <u>Health Services Dept.</u>	Date <u>10/27/20</u>	No. <u>25641</u>		
1.	Project Positions Requested: 37				
2.	Explain Specific Duties of Position(s) Perform duties/responsibilities in response to	o the COVID Pandemic			
3.	Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds) CARES Act funds/ Other applicable federal emergency funding sources				
4.	Duration of the Project: Start Date Nov 2 Is funding for a specified period of time (i.e. 2		sis? Please explain.		
5.	Project Annual Cost		•		
	a. Salary & Benefits Costs:	b. Support Costs (services, suppli	: es, equipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Ge	neral or otherfund:		
6.	Briefly explain the consequences of not filling a. potential future costs b. legal implications c. financial implications The County will not have sufficient staff in re-	d. political implications e. organizational implications	of:		
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 on ☒ c. Direct appointment of: ☒ 1. Merit System employee w ☒ 2. Non-County employee		current job		
	Provide a justification if filling position(s) by 0	C1 or C2			

USE ADDITIONAL PAPER IF NECESSARY