## **POSITION ADJUSTMENT REQUEST**

NO. <u>25699</u> DATE <u>3/23/2021</u>

Department No./

Department Office of the County Counsel Budge	t Unit No. <u>0030</u> Or	g No. <u>1700</u> Agency	y No. <u>17</u>
Action Requested: Add one (1) full-time Deputy County Counse full-time Deputy County Counsel -Advanced (2ETK) vacant pos			
	Proposed	Effective Date: 4/	1/2021
Classification Questionnaire attached: Yes $\square$ No $\boxtimes$ / Cost i	s within Department	t's budget: Yes ⊠	No 🗆
Total One-Time Costs (non-salary) associated with request: \$0	<u>).00</u>		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost (\$80,806.00)	Net County Cost	<u>\$0.00</u>	
Total this FY (\$20,201.00)	N.C.C. this FY	<u>\$0.00</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Salary S	Savings.		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
·		Sharon L.	Anderson
	_	(for) Depar	tment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMENT		
	Laura Stro	obel	3/3/21
	Deputy County Ad	puty County Administrator	
Add one (1) full-time Deputy County Counsel - Standard Exemp (\$11,399.21-\$13,550.08) and cancel one (1) full-time Deputy Counsilion No.13787 at salary level B8B 2297 (\$13,895.58-\$15,72	ounty Counsel -Adv		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba	asic / Exempt salary schedu	le.	
Effective: Day following Board Action.			
☑ <u>4/1/2021(</u> Date)	Genesis Due	nas	3/4/2021
	(for) Director of Hun	nan Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resources  Disapprove Recommendation of Director of Human Resources  Other:		DATE	
		(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED ☐ DISAPPROVED ☐	Moni		ne Board of Supervisors  / Administrator
DATE	BY _		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A			
	PERSONNEL / SA	LARY RESOLUTIO	N AMENDMENT

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

De	partment
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