POSITION ADJUSTMENT REQUEST

NO. 25710 DATE 4/5/21

Department No./

Department Health Services Budget Unit No. 0540 Org No. 6555 Agency No. A18 Action Requested: Add one (1) Buyer II (STTA) (represented) and cancel one (1) Administrative Services Assistant III (APTA) (represented) position number 16407 Proposed Effective Date: 4/20/21 Classification Questionnaire attached: Yes
No X / Cost is within Department's budget: Yes X No X Total One-Time Costs (non-salary) associated with request: \$0.00 Estimated total cost adjustment (salary / benefits / one time): Total annual cost (\$14,617.00) Net County Cost \$0 Total this FY (3,204.25)N.C.C. this FY \$0 SOURCE OF FUNDING TO OFFSET ADJUSTMENT Hospital Enterprise Fund I Cost Savings Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. Mary Jane De Jesus-Saepharn (for) Department Head REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT Sarah Kennard for 4/5/2021 Deputy County Administrator Date HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE 4/7/2021 Add one (1) Buyer II (STTA) (represented) and cancel one (1) Administrative Services Assistant III (APTA) (represented) position number 16407 Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule. Effective: □ Day following Board Action. ☐ (Date) Brianna Barker 4/7/2021 (for) Director of Human Resources Date COUNTY ADMINISTRATOR RECOMMENDATION: DATE 04/12/2021 Disapprove Recommendation of Director of Human Resources Enid Mendoza ☐ Other: (for) County Administrator BOARD OF SUPERVISORS ACTION: Monica Nino, Clerk of the Board of Supervisors Adjustment is APPROVED ☐ DISAPPROVED ☐ 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:

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

| De | partment No. xxxxxx |
|----|---|
| 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