

POSITION ADJUSTMENT REQUEST

NO. 25729
DATE 3/24/2021

Department Employment and Human Services
Department No./ Budget Unit No. 0503 . Org No. 5315 . Agency No. A19

Action Requested: Add three (3) Social Service Program Assistant (XOSA)
(represented) full time position and one (1) Clerk-Senior Level (JWXC) (represented) full time position

Proposed Effective Date: 5/1/2021

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

Total One-Time Costs (non-salary) associated with request: _____

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

Total annual cost \$456,004.00 Net County Cost _____
Total this FY \$76,000.67 N.C.C. this FY _____

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Health Services and covered with 100% state funding _____

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Bao Tran 608-5027

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

[Signature] 4-30-2021
Deputy County Administrator Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 4/30/2021

Add three (3) Social Service Program Assistant (XOSA) at salary plan and grade 255 1384 (\$5,177.92 - \$6,293.79) (represented) full time positions and one (1) Clerk-Senior Level (JWXC) at salary plan and grade 3RX 1033 (\$3,649.03-\$4,659.97)

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: [X] Day following Board Action.
[] (Date)

Carol Berger 4/30/2021
(for) Director of Human Resources Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 4-30-2021

- [X] Approve Recommendation of Director of Human Resources
[] Disapprove Recommendation of Director of Human Resources
[X] Other: Interdepartmental Agreement on Whole Person Care Program Requires Amendment prior to P300 Action

[Signature]
(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Monica Nino, Clerk of the Board of Supervisors and County Administrator

Adjustment is APPROVED [] DISAPPROVED []

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 _____

Date _____

No. _____

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
 - 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.

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