/POSITION ADJUSTMENT REQUEST

NO. 25736 DATE 5-4-2021

Department Health Services	Budget Unit No. <u>0540</u> Org No. <u>6457</u>	Department No./ Agency No. <u>A18</u>	
Action Requested: Add one Departmental Human Reso	· · · · · · · · · · · · · · · · · · ·		
positions in the Health Services Department.			
	Proposed Effective Da	te: <u>5/19/2021</u>	
Classification Questionnaire attached: Yes D No 🛛	/ Cost is within Department's budget: Ye	es 🗌 No 🛛	
Total One-Time Costs (non-salary) associated with requ	est: <u>\$0.00</u>		
Estimated total cost adjustment (salary / benefits / one t	ime):		
Total annual cost <u>\$321,374</u>	Net County Cost	\$ <u>0</u>	
Total this FY <u>\$26,781</u>	N.C.C. this FY	<u>\$0</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT: _	100% Hospital Enterprise Fund I		
Department must initiate necessary adjustment and submit to	CAO.		
Use additional sheet for further explanations or comments.	la	o-Anne Linares	
	(for)	Department Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RE	SOURCES DEPARTMENT		
	Sarah Kennard for	5/10/2021	
	Deputy County Administrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDA	TIONS	DATE <u>5/12/21</u>	
Add one Departmental Human Resources Analyst II (AF			
Services Department.			
Amend Resolution 71/17 establishing positions and resolutions allocating classe	es to the Basic / Exempt salary schedule.		
Effective: Day following Board Action.			
□(Date)	Alycia Leach	5/12/21	
	(for) Director of Human Resource	s Date	
UNTY ADMINISTRATOR RECOMMENDATION: DATE 05/12/2021)E/10/2021	
Approve Recommendation of Director of Human Res		<u>57 12/2021</u>	
Disapprove Recommendation of Director of Human		Enid Mendoza	
Other:	(for)	County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		Monica Nino, Clerk of the Board of Supervisors and County Administrator	
DATE	BY		
APPROVAL OF THIS ADJUSTMENT CONSTITU	ITES A PERSONNEL / SALARY RESO	LUTION AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY Adjust class(es) / position(s) as follows:	HUMAN RESOURCES DEPARTMENT FOL	LOWING BOARD ACTION	

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

Department		Date	No. <u>xxxxxx</u>	
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, e	quipment, etc.)	
	c. Less revenue or expenditure:	d. Net cost to Gener	ral or other fund:	
6.	•	the project position(s) in terms of 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