## **POSITION ADJUSTMENT REQUEST**

NO. <u>25825</u> DATE <u>10/28/2021</u>

|   |   | L  | DATE <u>10/28/2021</u> |
|---|---|--|------------------------|
| Department Health Services  | Department No./<br>Budget Unit No. <u>0460</u> Or | g No. <u>5890</u> Ager   | ncy No. <u>18</u>      |
| Action Requested: Reassign one (1) vacant part-time (<br>plan and grade 1PX-1001 (\$15,284.75 - \$17,333.33) fro<br>Children's Services) in the Health Services Department. | om Department #0450 (PH                           |  |                        |
|   | Proposed  | d Effective Date:  | <u>11/17/21</u>        |
| Classification Questionnaire attached: Yes D No 🛛   | •   |  |                        |
| Total One-Time Costs (non-salary) associated with requ  | •   | 0 -  |                        |
| Estimated total cost adjustment (salary / benefits / one t  |   |  |                        |
| Total annual cost \$183,954.31  | Net County Cost                                   | \$0.00   |                        |
| Total this FY \$122,636.20  | N.C.C. this FY                                    | \$0.00   |                        |
|   |   | <u>40.00</u>   |                        |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT  | <u>Jost Neutral</u>                               |  |                        |
| Department must initiate necessary adjustment and submit to   | CAO.  |  |                        |
| Use additional sheet for further explanations or comments.  |   |  |                        |
|   |   | La   | rita Clow              |
|   | -   | (for) Dep  | partment Head          |
| REVIEWED BY CAO AND RELEASED TO HUMAN RE  | SOURCES DEPARTMENT                                | -  |                        |
|   |   |  |                        |
|   | Kaitlyn Jeff                                      | Kaitlyn Jeffus for 11/2/20   |                        |
|   | Deputy County Ad                                  | ministrator  | Date                   |
| HUMAN RESOURCES DEPARTMENT RECOMMENDA<br>Exempt from Human Resources review under delegated   |   | D  | ATE                    |
| Amend Resolution 71/17 establishing positions and resolutions allocating class Effective: Day following Board Action. Day (Date)  | es to the Basic / Exempt salary schedu            | ıle.   |                        |
|   | (for) Director of Hun                             | nan Resources  | Date                   |
| COUNTY ADMINISTRATOR RECOMMENDATION:  |   | DATE   | <u>11/8/2021</u>       |
| <ul> <li>Approve Recommendation of Director of Human Re</li> <li>Disapprove Recommendation of Director of Human</li> </ul>  |   | Enic   | l Mendoza              |
| Other: <u>Approve as recommended by the Department</u>  |   |  |                        |
|   |   | (for) County Administrator   |                        |
| BOARD OF SUPERVISORS ACTION:<br>Adjustment is APPROVED DISAPPROVED  | Mon   | Monica Nino, Clerk of the Board of Supervisors<br>and County Administrator |                        |
| DATE  | BY _  |  |                        |
| APPROVAL OF THIS ADJUSTMENT CONSTITU  | JTES A PERSONNEL / SA                             | ALARY RESOLUT  | TION AMENDMENT         |
|   |   |  |                        |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY<br>Adjust class(es) / position(s) as follows:   | HUWAN RESOURCESDEP                                |  |                        |

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

| De | partment   | 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<br>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:<br>(services, supplies,  | equipment, etc.)    |  |  |  |
|    | c. Less revenue or expenditure:  | d. Net cost to Gene  | aral or other fund: |  |  |  |
| 6. |  | g the project position(s) in terms of<br>d. political implications<br>e. organizational implications | f:                  |  |  |  |

- 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