## **POSITION ADJUSTMENT REQUEST**

NO. <u>25848</u> DATE <u>11/24/2021</u>

Department No./

Department Health Services Budget Unit No. 0450 Org

Budget Unit No. <u>0450</u> Org No. 5838 Agency No. <u>A18</u>

Action Requested: Transition one Medical Social Worker- Project position #14945 and incumbent into the Merit System in Health Services Department.

	Proposed Effective Date:			
Classification Questionnaire attached: Yes ☐ No ☒ / Cost i	•	⊠ 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 \$0.00	Net County Cost \$0.00			
Total this FY \$0.00	N.C.C. this FY <u>\$0.00</u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% cc	ost offset (Ryan White Part A Federa	<u>al)</u>		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.				
	Sabr	ina Pearson		
	(for) De	partment Head		
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMENT			
	Kaitlyn Jeffus for	11/24/2021		
	Deputy County Administrator	Date		
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Transition one Medical Social Worker-Project position #14945 a Department.	and incumbent into the Merit Systen	DATE <u>12/2/21</u> n in the Health Services		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba Effective:  Day following Board Action.	sic / Exempt salary schedule.			
Date)	Alycia Leach	12/2/21		
	for) Director of Human Resources	Date		
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resources	DATE	1/26/2022		
☐ Disapprove Recommendation of Director of Human Resource ☐ Other:		Enid Mendoza		
Other.	(for) C	(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 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**

De	Department Date No	
1.	1. Project Positions Requested:	
2.	2. Explain Specific Duties of Position(s)	
3.	3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Proj	ject or SDSS Funds)
4.	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? Pleater	ase explain.
5.	5. Project Annual Cost	
	a. Salary & Benefits Costs:  b. Support Costs: (services, supplies, equipment)	ent, etc.)
	c. Less revenue or expenditure: d. Net cost to General or	other fund:
6.	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.	<ol> <li>Briefly describe the alternative approaches to delivering the services which you have alternatives were not chosen.</li> </ol>	considered. Indicate why these
8.	8. Departments requesting new project positions must submit an updated cost benefit a halfway point of the project duration. This report is to be submitted to the Human Resforward the report to the Board of Supervisors. Indicate the date that your cost / benefits to the submitted to the Human Resforward the report to the Board of Supervisors.	sources Department, which will
9.	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 in  2. Non-County employee	ob
	Provide a justification if filling position(s) by C1 or C2	

USE ADDITIONAL PAPER IF NECESSARY