POSITION ADJUSTMENT REQUEST

NO. <u>25899</u> DATE <u>12/22/2021</u>

Department No./

Department Health Services Department Budge	t Unit No. <u>0301</u> O	rg No. <u>5700</u> Agenc	y No. <u>A18</u>
Action Requested: Increase One (1) Registered Nurse and Inc (40/40) in the Health Services Department. (Represented)	umbent in Position	# 18029 from part-	time (32/40) to full-time
	Propose	d Effective Date: 2	/9/2022
Classification Questionnaire attached: Yes \square No \boxtimes / Cost	s within Departmer	nt's budget: Yes 🗌	No 🖾
Total One-Time Costs (non-salary) associated with request: §(.00		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$47,397.00	Net County Cost	\$47,397.00	
Total this FY <u>\$19,749.00</u>	N.C.C. this FY	\$19,749.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% fu	nded by the Count	<u> General Fund</u>	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
ose additional sheet of further explanations of comments.		Lauren	Jimenez
		(tor) Depa	rtment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMEN	Г	
	Kaitlyn J	effus	2/1/2022
	Deputy County A	dministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated author	ity	DA	TE
			TE
Exempt from Human Resources review under delegated author Amend Resolution 71/17 establishing positions and resolutions allocating classes to the B Effective: Day following Board Action. (Date)		ule.	TE Date
Exempt from Human Resources review under delegated author Amend Resolution 71/17 establishing positions and resolutions allocating classes to the B Effective: Day following Board Action. (Date) COUNTY ADMINISTRATOR RECOMMENDATION:	sic / Exempt salary sched	ule.	
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Exempt from Human Resources review under delegated author Amend Resolution 71/17 establishing positions and resolutions allocating classes to the B Effective:	for) Director of Hu	man Resources DATE Enid M (for) Countica Nino, Clerk of the and Count	Date 2/2/2022 Mendoza nty Administrator he Board of Supervisors y Administrator

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment
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