## **POSITION ADJUSTMENT REQUEST**

NO. <u>25900</u> DATE 12/22/2021

			DATE 12/22/20	<u>12 I</u>
Department Health Services Department	Department No./ Budget Unit No. (	0466 Org No. <u>5938</u>	Agency No. <u>A18</u>	
Action Requested: Add one (1) Substance Abuse Prothe Health Services Department. (Represented)	gram Supervisor (VH	IHB) position in the	Behavioral Health	Division of
	P	Proposed Effective D	ate: 2/9/2022	
Classification Questionnaire attached: Yes ☐ No ☒	/ Cost is within De	partment's budget: Y	′es □ No ⊠	
Total One-Time Costs (non-salary) associated with re-	quest: <u>\$0.00</u>	Ü		
Estimated total cost adjustment (salary / benefits / one	time):			
Total annual cost \$176,821.0	0 Net Coun	ty Cost <u>\$0.00</u>		
Total this FY <u>\$73,675.00</u>	N.C.C. th	is FY <u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT	100% funded by CR	RSAA & ARPA Gra	<u>nt</u>	
Department must initiate necessary adjustment and submit Use additional sheet for further explanations or comments.	to CAO.			
ose additional street of iditiner explanations of comments.		Lauren Jimenez		
		(for)	Department Head	
REVIEWED BY CAO AND RELEASED TO HUMAN R	ESOURCES DEPAR	RTMENT		
	K	aitlyn Jeffus	2/1/	/2022
	Deputy Co	unty Administrator		Date
UMAN RESOURCES DEPARTMENT RECOMMENDATIONS  DATE xempt from Human Resources review under delegated authority				
Amend Resolution 71/17 establishing positions and resolutions allocating class Effective:  Day following Board Action.  (Date)	sses to the Basic / Exempt sa	ary schedule.		
	(for) Directo	r of Human Resourc	es	Date
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	2/2/202	<u>2</u>
<ul> <li>□ Approve Recommendation of Director of Human R</li> <li>□ Disapprove Recommendation of Director of Huma</li> <li>□ Other: Approve as recommended by the department</li> </ul>	n Resources		Enid Mendoza	
Market as recommended by the department	<u> </u>	(fo	(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 CONSTITUTION	TUTES A PERSONN	IEL / SALARY RESC	OLUTION AMENDI	MENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED B Adjust class(es) / position(s) as follows:	Y HUMAN RESOURC	ES DEPARTMENT FO	LLOWING BOARD A	ACTION

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