POSITION ADJUSTMENT REQUEST

NO. <u>25921</u> DATE <u>3/15/2022</u>

Department No./

Department Health Services

Budget Unit No. 0540 Org No. 6365 Agency No. A18

Action Requested: Add one (1) Assistant Clinical Laboratory Manager (VHGF); one (1) Supervising Clinical Laboratory Scientist/LIS Analyst (VHHF); and one (1) Cytotechnologist (VFVB); and cancel Psychiatric Technician (VQWB) position #13026; Community Health Worker II (VKVB) position #15784; Licensed Vocational Nurse (VT7G) position #9249; Family Nurse Practitioner (VWSB) position #15469 in the Health Services Department.

Classification Questionnaire attached: Yes \(\) No \(\) / Co Total One-Time Costs (non-salary) associated with request: Estimated total cost adjustment (salary / benefits / one time Total annual cost \(\frac{\$1,872.00}{\$1,872.00} \) Total this FY \(\frac{\$468.00}{\$408.00} \) SOURCE OF FUNDING TO OFFSET ADJUSTMENT \(\frac{1009}{\$1009} \)	ost is within Departmer \$0.00): Net County Cost N.C.C. this FY	\$0.00 \$0.00	30/2022 No □	
Department must initiate necessary adjustment and submit to CAC Use additional sheet for further explanations or comments.).	Jo-Anne	Linares	
		(for) Department Head		
REVIEWED BY CAO AND RELEASED TO HUMAN RESO	JRCES DEPARTMEN	Γ		
	Kaitlyn Jef	fus for	3/22/2022	
	Deputy County Ad	dministrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIO Exempt from Human Resources review under delegated au	· · ·	DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action. Day following Board Action.	he Basic / Exempt salary sched	ule.		
	(for) Director of Hui	man Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resource Disapprove Recommendation of Director of Human Re Other: Approve as recommended by the department.		DATE	3/23/2022	
	ources .	Enid Mendoza		
		(for) County Administrator		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED ☐ DISAPPROVED ☐	Mor	Monica Nino, Clerk of the Board of Supervisors and County Administrator		
DATE	ВҮ			
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT				

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

P300 (M347) Rev 3/15/01

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

De	Department Date No	
1.	. Project Positions Requested:	
2.	Explain Specific Duties of Position(s)	
3.	8. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)	
4.	b. 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.	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. 	Э
8.	3. Departments requesting new project positions must submit an updated cost benefit analysis of each project position 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