## **POSITION ADJUSTMENT REQUEST**

NO. <u>25957</u> DATE <u>5/23/2022</u>

Department No./

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Department Health Services	Budget Unit No. <u>0467</u> Org No. <u>Vary</u> Agency No. <u>A18</u>
Department <u>Ficaith Octylees</u>	Dauget Officials. Org No. Vary Agency No. Ato

Action Requested: Reassign one (1) vacant part-time (32/40) Family Nurse Practitioner (VWSB) position #13659 from Public

Health to Behavioral Health (Org #5991) and reassign one (1) vacant full Technologist (VITA) position #7265 from Martinez Detention Facility to I		
	Proposed Effective Date: 6/	<u>/8/2022</u>
Classification Questionnaire attached: Yes $\square$ No $\boxtimes$ / Cost is within	Department's budget: Yes ☐	No 🖂
Total One-Time Costs (non-salary) associated with request: \$0.00	_	
Estimated total cost adjustment (salary / benefits / one time):		
Total annual cost \$366,548.24 Net Co	ounty Cost \$0.00	
	. this FY \$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Mental He	<del></del>	
	<u></u>	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.		
	Jenny	Nguyen
	(for) Depa	artment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEF	PARTMENT	
	Kaitlyn Jeffus for	5/25/2022
Deputy	County Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority.	DA	TE
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exemple Effective: Day following Board Action.  [	ot salary schedule.	
(for) Dire	ctor of Human Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resources	DATE	6/2/2022
☐ Disapprove Recommendation of Director of Human Resources ☐ Other: Approve as recommended by the Department.	Enid Mendoza (for) Cou	inty Administrator
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED  DISAPPROVED	Monica Nino, Clerk of the and Count	e Board of Supervisors ty Administrator
DATE	BY	
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSO	NNEL /SALARY RESOLUTION	ON AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

De	partment Date <u>5/26/2022</u> No. <u>xxxxxxx</u>
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.
3.	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