POSITION ADJUSTMENT REQUEST

NO. <u>26005</u> DATE <u>7/19/2022</u>

		E	THE THIS 2022
Department Health Services	Department No./ Budget Unit No. 0540	<u>)</u> Org No. <u>6301</u> Ager	ncy No. <u>A18</u>
Action Requested: Add one (1) OBGYN-Family Medicine Services Department. (Represented)	e, Advanced Obstetric	: – Exempt (VPS6) po	osition in the Health
	Prop	osed Effective Date:	8/3/2022
Classification Questionnaire attached: Yes D No X /	Cost is within Depart	ment's budget: Yes [
Total One-Time Costs (non-salary) associated with reque	•	5	
Estimated total cost adjustment (salary / benefits / one ti			
Total annual cost <u>\$346,998.92</u>	Net County (Cost \$0.00	
Total this FY <u>\$318,082.34</u>	N.C.C. this F		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 1			Paranthood
SCORCE OF FORDING TO OFFSET ADJOSTMENT I			<u>r alenthou</u>
Department must initiate necessary adjustment and submit to 0	CAO.		
Use additional sheet for further explanations or comments.			
		Laui	ren Ludwig
		(for) Dep	partment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RES	SOURCES DEPARTM	IENT	
	• • • •		_/
	Sarah k	Cennard for	7/25/2022
	Deputy Count	y Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDA	TIONS	Г	DATE
Exempt from Human Resources review under delegated			
	-		
Amend Resolution 71/17 establishing positions and resolutions allocating classes Effective: Day following Board Action.	s to the Basic / Exempt salary s	schedule.	
<u> </u>			
	(for) Director of	Human Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	7/26/2022
Approve Recommendation of Director of Human Res			
Disapprove Recommendation of Director of Human F		Enic	Mendoza
Other: Approve as recommended by the department	<u>. </u>	(for) County Administrator	
		(for) Co	ounty Administrator
BOARD OF SUPERVISORS ACTION:		Monica Nino, Clerk of	f the Board of Supervisors
Adjustment is APPROVED DISAPPROVED			inty Administrator
DATE			
DATE		ΒΥ	
APPROVAL OF THIS ADJUSTMENT CONSTITU	TES A PERSONNEL	/ SALARY RESOLUT	TION AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY			
Adjust class(es) / position(s) as follows:	TOWAN RESOURCES		

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment	Date	No		
1.	Project Positions Requested:				
2.	Explain Specific Duties of Position(s)				
3.	Name / Purpose of Project and Funding Sou	rce (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, ec	uipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Genera	al or other fund:		
6.	Briefly explain the consequences of not filling a. potential future costs b. legal implications c. financial implications	g the project position(s) in terms of: d. political implications e. organizational 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:
 - \Box 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