POSITION ADJUSTMENT REQUEST

NO. <u>26011</u> DATE <u>4/21/2022</u>

Department No./

Department Employment and Human Services Budget	Unit No. <u>0504</u> Org No	o. <u>5452</u> Agency No. <u>19</u>	
Action Requested: Add one (1) Social Services Program Assista Grade 255 1384 (\$5,333.26 - \$6482.61) and cancel (1) Medi-Ca at Salary Plan and Grade 255 1384 (\$5,333.26 - \$6482.61) posi	Program Assistant (λ		
	Proposed Effe	ective Date: <u>5/1/2022</u>	
Classification Questionnaire attached: Yes ☐ No ☒ / Cost is	within Department's b	udget: Yes ⊠ No □	
Total One-Time Costs (non-salary) associated with request: \$0.0	<u>.</u> 00	•	
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$0.00	Net County Cost \$0.	<u>00</u>	
Total this FY \$0.00	N.C.C. this FY 0.0	<u>0</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 39% Fede	eral, 46% State, 15% (County Funds	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
		Marcie Clark	
		(for) Department Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	S DEPARTMENT		
	Danielle Fokkem	na 8/2/2	2022
1	Deputy County Admini	strator D	ate
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS		DATE 8/9/2022	
Add one Social Services Program Assistant position (XOSA) (repposition (XHSB) (represented)	resented) and cancel		istant
position (XHSB) (represented) Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basi	,		istant
position (XHSB) (represented) Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basi Effective: Day following Board Action.	c / Exempt salary schedule.	one Medi-Cal Program Ass	istant
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P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>8/9/2022</u> No. <u>xxxxx</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.	
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