## **POSITION ADJUSTMENT REQUEST**

NO. <u>26016</u> DATE 8/3/2022

Department <u>Health Services</u>

Department No./ Budget Unit No. <u>0860</u> Org No. <u>6125</u> Agency No. <u>18</u>

Action Requested: Increase the hours of one (1) Medical Director - Exempt (VCA2) position and its incumbent from part-time (32/40) to full-time (40/40) in the Contra Costa Health Plan (CCHP) division within the Health Services Department. (Unrepresented)

Proposed Effective Date: <u>9/1/2022</u> sification Questionnaire attached: Yes □ No ⊠ / Cost is within Department's budget: Yes □ No ⊠					
Total One-Time Costs (non-salary) associated with request:	•				
Estimated total cost adjustment (salary / benefits / one time):					
Total annual cost increase <u>\$110,711</u> Total this FY <u>\$92,259</u>		<u>\$0.00</u> <u>\$0.00</u>			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 50% California Advancing and Innovating Medi-C			-Cal benefit and 50%		
partment must initiate necessary adjustment and submit to CAO. e additional sheet for further explanations or comments. Laurén Jimenez					
	-	(for) Depart	tment Head		
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT					
	Kaitlyn Je	effus	08/09/22		
	Deputy County Ad	ministrator	Date		
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Exempt from Human Resources review under delegated aut	-	DATE			
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action.	e Basic / Exempt salary schedu	ile.			
—	(for) Director of Hun	nan Resources	Date		
COUNTY ADMINISTRATOR RECOMMENDATION:	205	DATE	<u>8/10/22</u>		
<ul> <li>Disapprove Recommendation of Director of Human Resource</li> <li>Disapprove Recommendation of Director of Human Resource</li> <li>Other: Approve as recommended by the department.</li> </ul>		Enid Mendoza			
		(for) County Administrator			
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED  DISAPPROVED	Moni	Monica Nino, Clerk of the Board of Supervisors and County Administrator			
DATE	BY _				
APPROVAL OF THIS ADJUSTMENT CONSTITUTES	A PERSONNEL / SA	ALARY RESOLUTIO	N AMENDMENT		
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUN Adjust class(es) / position(s) as follows:	IAN RESOURCES DEPA	ARTMENT FOLLOWIN	IG BOARD ACTION		

## **REQUEST FOR PROJECT POSITIONS**

De	partment	Date	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.	<ul> <li>Duration of the Project: Start Date End Date</li> <li>Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.</li> </ul>				
5.	Project Annual Cost				
	a. Salary & Benefits Costs:	b. Support Costs: (services, supplies, e	equipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Gene	ral 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