## POSITION ADJUSTMENT REQUEST

NO. 26028 DATE 8/30/2022

Department No./

Budget Unit No. 0450 Org No. Various Agency No. 18 Department Health Services Action Requested: Add one (1) Public Health Program Specialist II (VBND) (Org 5762), one (1) Medical Interpreter (VMVD) (Org 5815), and one (1) Buyer II (STTA) (Org 5835) position in the Health Services Department. (Represented) Proposed Effective Date: 9/21/2022 Total One-Time Costs (non-salary) associated with request: Estimated total cost adjustment (salary / benefits / one time): Total annual cost \$479,785.00 Net County Cost \$0.00 \$399,821.00 N.C.C. this FY Total this FY \$0.00 SOURCE OF FUNDING TO OFFSET ADJUSTMENT: (33% Public Health Workforce Development Grant, 40% Birth and Death Certificate Program Revenue, and 27% Refugee Health Assessment Program Grant) Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. Larita Clow (for) Department Head REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT Sarah Kennard for 9/13/2022 Deputy County Administrator Date HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS DATE Exempt from Human Resources review under delegated authority. Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule. Effective: ☐ Day following Board Action. ☐ \_\_\_\_(Date)

COUNTY ADMINISTRATOR RECOMMENDATION: DATE 9/14/2022 ☐ Approve Recommendation of Director of Human Resources □ Disapprove Recommendation of Director of Human Resources Enid Mendoza

(for) Director of Human Resources

BY

☑ Other: Approve as recommended by the department.

Adjustment is APPROVED 

DISAPPROVED

BOARD OF SUPERVISORS ACTION:

Monica Nino, Clerk of the Board of Supervisors

(for) County Administrator

and County Administrator

Date

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

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

DATE \_\_\_\_

## **REQUEST FOR PROJECT POSITIONS**

De	partment No. xxxxx
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