POSITION ADJUSTMENT REQUEST

NO. <u>2 6 0 5 7</u> DATE 10/14/2022

		D	ATE 10/14/2022
	epartment No. udget Unit No (Org No Ag	gency No. <u>A19</u>
Action Requested: Add three hundred forty-three (343) Social S delete three hundred ten (310) Eligibility Worker I/II/III (XHWA/XH (XHSB) positions in the Employment and Human Services Depart	VAXHTB) positions and tment.	delete 33 Medi-Call	Program Assistant
	•	d Effective Date: <u>1</u>	
Classification Questionnaire attached: Yes $\ \square$ No $\ \boxtimes$ / Co	ost is within Department	t's budget:Yes 🛚	No 🔲
Total One-Time Costs (non-salary) associated with request	: <u>\$0.00</u>		
Estimated total cost adjustment (salary / benefits / one time):		
Total annual cost <u>\$9,785,151.00</u>	Net County Cost	\$684,961.00	
Total this FY \$5,824,495.00	N.C.C. this FY	<u>\$407,715</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 62%	Federal, 31 % State, 7	% County Share	
Department must initiate necessaryadjustment and submit to CAC Use additional sheet for further explanations or comments.).		
		Michelle Freg	oso 925-608-5025
		(for) Dep	artment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESO	URCES DEPARTMENT		
	Danielle Fokke	ma	10/19/2022
	Deputy County Ac	ministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATION	NS	D	ATE 10/20/22
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Add three hundred and forty-three (343) Social Service Program (310) Eligibility Worker I/II/III (XHWA/XHVA/XHTB) (represented) positions in the Employment and Human Services II	Assistant (XOSA) (represe positions, and delete thirt	ented) positions, dele	ete three hundred and ten
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REQUEST FOR PROJECT POSITIONS

De	Date <u>10/18/2022</u> No. <u>xxxxxx</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	пе			
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