POSITION ADJUSTMENT REQUEST

NO. <u>25929</u> DATE <u>3/1/2022</u>

Department No./

Department Health Services

Budget Unit No. 0540 Org No. 6339 Agency No. A18

Action Requested: Revise, retitle, and realocate the Assistant Chief of Cardiopulmonary Support (V1HA) to Respiratory Care Services Manager; establish the Cardiology Services Manager and add one position; and Respiratory Care Services Supervisor and add two positions; cancel Public Health Program Specialist I positions #9591 and #16126 and Ambulatory Care Clinical Coordinator position #15676 in the Health Services Department.

·	Proposed Effective Date: 12	2/14/2022	
Classification Questionnaire attached: Yes ☐ No ☒ / Cost	•	No □	
Total One-Time Costs (non-salary) associated with request: \$1		140	
· · · · · · · · · · · · · · · · · · ·	<u>0.00</u>		
Estimated total cost adjustment (salary / benefits / one time):	N . O O		
Total annual cost (\$54,641.00)	Net County Cost \$0.00		
Total this FY (\$13,660.00)	N.C.C. this FY <u>\$0.00</u>		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost Sa	vings- Hospital Enterprise Fund I		
Department must initiate a sesses we dive to ent and submitte CAO			
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
	Jo-Anne	Linares	
	(f-x) D-x		
	(for) Depart	tment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	CES DEPARTMENT		
	Kaitlyn Jeffus for	4/11/2022	
	Deputy County Administrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS See attachment A	DATE <u>11/17/2022</u>		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the B	asic / Exempt salary schedule.		
Effective: 🛛 Day following Board Action.			
(Date)	Alycia Leach	11/17/2022	
	(for) Director of Human Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:	DATE	12/1/2022	
Approve Recommendation of Director of Human Resources			
☐ Disapprove Recommendation of Director of Human Resour	s Enid Mendoza		
Other:	(for) Coun	(for) County Administrator	
DOADD OF OURED WOODS ACTION	14 · 15 OL 1 (4)	D 1 (0 :	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED ☐ DISAPPROVED ☐		Monica Nino, Clerk of the Board of Supervisors and County Administrator	
DATE	BY		
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A	A PERSONNEL / SALARY RESOLUTIO	N AMENDMENT	

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

P300 (M347) Rev 3/15/01

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

De	partment
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