## POSITION ADJUSTMENT REQUEST

NO. <u>26082</u> DATE <u>11/30/2022</u>

	Department No./				
Department <u>Health Services</u>		467 Org No. <u>5912</u>			
Action Requested: Add one (1) Mental Health Program Manager (VQDC) position in the Health Services Department Represented)					
<u></u>	Р	roposed Effective Da	ate: 12/14/2022		
Classification Questionnaire attached: Yes D No 🛛		•			
Total One-Time Costs (non-salary) associated with req					
Estimated total cost adjustment (salary / benefits / one					
Total annual cost <u>\$213,802.74</u>	,	y Cost <u>\$0.00</u>			
Total this FY \$124,718.26					
SOURCE OF FUNDING TO OFFSET ADJUSTMENT	100% Measure X Fu				
Department must initiate necessary adjustment and submit to	CAO.				
Use additional sheet for further explanations or comments.					
			Jenny Nguyen		
		(for)	Department Head		
REVIEWED BY CAO AND RELEASED TO HUMAN R	ESOURCES DEPAR	TMENT			
	Kait	lyn Jeffus for	12/5/2022		
		·	Dete		
		unty Administrator	Date		
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS     DATE			DATE		
Exempt from Human Resources review under delegate	d authonity.				
Amend Resolution 71/17 establishing positions and resolutions allocating class	ses to the Basic / Exempt sale	ary schedule.			
Effective: Day following Board Action.					
()					
	(for) Director	r of Human Resource	es Date		
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	<u>12/8/2022</u>		
<ul> <li>Approve Recommendation of Director of Human Re</li> <li>Disapprove Recommendation of Director of Human</li> </ul>		,	Enid Mendoza		
☑ Other: <u>Approve as recommended by the departmended</u>		·			
		(for) County Administrator			
BOARD OF SUPERVISORS ACTION:		Monica Nino, Cle	k of the Board of Supervisors		
Adjustment is APPROVED DISAPPROVED		and	County Administrator		
DATE		BY			
APPROVAL OF THIS ADJUSTMENT CONSTIT	UTES A PERSONN	EL / SALARY RESC	DUTION AMENDMENT		
POSITION ADJUSTMENT ACTION TO BE COMPLETED B	HUMAN RESOURCE	ESDEPARTMENT FOI	LOWING BOARD ACTION		
Adjust class(es) / position(s) as follows:					

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

De	partment	Date	No			
1.	Project Positions Requested:					
2.	Explain Specific Duties of Position(s)					
3.	Name / Purpose of Project and Funding Sou	rce (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, e	quipment, etc.)			
	c. Less revenue or expenditure:	d. Net cost to Gener	al 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