POSITION ADJUSTMENT REQUEST

NO. <u>21989</u> DATE 10/28/2016

	partment No./ dget Unit No. <u>0621</u> Or	g No. <u>#12</u> Agency N	No. <u>85</u>	
Action Requested: Cancel thirty-five permanent -intermitten positions (see attached details)				
,	Proposed	d Effective Date: 12	/1/2016	
Classification Questionnaire attached: Yes ☐ No ☒ / Co			<u></u>	
Total One-Time Costs (non-salary) associated with request:	•	· –	_	
Estimated total cost adjustment (salary / benefits / one time)	· · · · · · · · · · · · · · · · · · ·			
Total annual cost \$499,589.00	Net County Cost	\$0.00		
Total this FY \$291,427.00	N.C.C. this FY	\$0.00		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Librar		<u>ψο.σο</u>		
Department must initiate necessary adjustment and submit to CAO Use additional sheet for further explanations or comments.				
ose additional sheet for further explanations of comments.		Melinda S.	Cervantes	
	_	(for) Depart	ment Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOL	JRCES DEPARTMEN	Т		
	BR for .	JE	11/28/2016	
	Deputy County Ad	ministrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS See Attachment		DAT	DATE <u>12/2/2016</u>	
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the	ne Basic / Exempt salary schedu	ıle.		
Effective:	Eldreai Elli	s	12/2/2016	
	(for) Director of Hur	nan Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resour Disapprove Recommendation of Director of Human Resour Other:		DATE		
		(for) Coun	ty Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Davi	David J. Twa, Clerk of the Board of Supervisors and County Administrator		
DATE	BY _			
ADDDOVAL OF THE AD HIGHMENT CONCITIINT				
APPROVAL OF THIS ADJUSTMENT CONSTITUTES	S A PERSONNEL / SA	ALARY RESOLUTIO	N AMENDMENT	

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment Date <u>12/2/2016</u> 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.	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