

# POSITION ADJUSTMENT REQUEST

NO. 22229  
DATE 12/28/2017

Department Employment and Human Services Department No./  
Budget Unit No. 0501 Org No. 5123 Agency No. A19

Action Requested: Reclass/Reassign upward one Automated Call Distribution Coordinator I (LBWB) (position #14439) to Automated Call Distribution Coordinator II (LBNA) position in the Administrative Services Bureau.

Proposed Effective Date: 1/9/2018

Classification Questionnaire attached: Yes ☒ No ☐ / Cost is within Department's budget: Yes ☒ No ☐

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$4,107.00

Net County Cost \$411.00

Total this FY \$1,711.00

N.C.C. this FY \$171.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Federal 48%, State 42%, County 10%

Department must initiate necessary adjustment and submit to CAO.  
Use additional sheet for further explanations or comments.

Swashant'e Dillon 925-608-5042

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Kristen Lackey

1/12/18

Deputy County Administrator

Date

## HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 5/10/2018

Reclassify one Automated Call Distribution Coordinator I (LBWB) (represented) position #14439, and its incumbent from Salary Plan and Grade ZB5 1636 (\$6,024 - \$7,322) to Automated Call Distribution Coordinator II (LBNA) (represented) Salary Plan and Grade ZB5 1714 (\$6,508-\$7,910) in the Administrative Services Bureau of the Employment and Human Services Department.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: ☒ Day following Board Action.

☐ \_\_\_\_\_(Date)

OParra

5/10/2018

(for) Director of Human Resources

Date

## COUNTY ADMINISTRATOR RECOMMENDATION:

DATE \_\_\_\_\_

☐ Approve Recommendation of Director of Human Resources

☐ Disapprove Recommendation of Director of Human Resources

☐ Other: \_\_\_\_\_

(for) County Administrator

## BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED ☐ DISAPPROVED ☐

David J. Twa, Clerk of the Board of Supervisors  
and County Administrator

DATE \_\_\_\_\_

BY \_\_\_\_\_

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:

## REQUEST FOR PROJECT POSITIONS

Department \_\_\_\_\_

Date 5/11/2018

No. xxxxxx

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
  - 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:
    - ☐ 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