## **POSITION ADJUSTMENT REQUEST**

NO. <u>21649</u> DATE <u>3/30/2015</u>

Department Health Services

Department No./

Budget Unit No. <u>0540</u> Org No. <u>6418</u> Agency No. <u>A18</u>

Action Requested: Establish the classification of Public Health Mobile Clinic Operator, allocate it to the salary schedule at salary grade plan and level QS5-1160 (\$3,510 - \$4266), and reclassify positions #8262, #13663, #13664, #13665, #13666, #14629, #14639, #15562, and #15755 in the Health Services Department.

| #14629, #14639, #15562, and #15755 in the Health Services                                                                                                                                   | Department.                                    |                                                                          |                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| Proposed Effective Date: 5/1/2015                                                                                                                                                           |                                                |                                                                          |                                                                         |  |
| Classification Questionnaire attached: Yes $\boxtimes$ No $\boxtimes$ / Cos                                                                                                                 | t is within Departmen                          | t'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 \$74,793.00                                                                                                                                                               | Net County Cost                                | \$0.00                                                                   | *                                                                       |  |
| Total this FY \$46,640.00                                                                                                                                                                   | N.C.C. this FY                                 | \$0.00                                                                   | 3 8                                                                     |  |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% I                                                                                                                                               |                                                | _                                                                        | е                                                                       |  |
|                                                                                                                                                                                             |                                                |                                                                          |                                                                         |  |
| Department must initiate necessary adjustment and submit to CAO.                                                                                                                            |                                                |                                                                          |                                                                         |  |
| Use additional sheet for further explanations or comments.                                                                                                                                  |                                                | Jo-Ann                                                                   | ne Linares                                                              |  |
|                                                                                                                                                                                             |                                                | 0                                                                        |                                                                         |  |
|                                                                                                                                                                                             |                                                | (for) Depa                                                               | rtment Head                                                             |  |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR                                                                                                                                                | CES DEPARTMENT                                 |                                                                          |                                                                         |  |
|                                                                                                                                                                                             | Dorothy Sar                                    | nsoe                                                                     | 4/13/2015                                                               |  |
| · ,                                                                                                                                                                                         | Donut Count Ada                                | a balada a d                                                             |                                                                         |  |
|                                                                                                                                                                                             | Deputy County Adn                              | ninistrator                                                              | Date                                                                    |  |
| Establish the classification of Public Health Mobile Clinic Oper at salary plan and grade level QS5 1160 (\$3,510- \$4,266), and #14639, #15562 and #15755 and their incumbents in the Heal | d reclassify positions<br>th Services Departme | ented) and allocate<br>#8262, #13663, #1<br>ent.                         | TE <u>7/29/2015</u><br>to the salary schedule<br>13664, #13665, #14629, |  |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the E Effective: Day following Board Action.                                                            | Basic / Exempt salary schedule                 | ). 1                                                                     | 8                                                                       |  |
| ☐ Day following Board Action:                                                                                                                                                               | Marta Goc                                      |                                                                          | 7/29/2015                                                               |  |
|                                                                                                                                                                                             |                                                |                                                                          | 1123/2013                                                               |  |
| 8                                                                                                                                                                                           | (for) Director of Hum                          | an Resources                                                             | Date                                                                    |  |
| COUNTY ADMINISTRATOR RECOMMENDATION:                                                                                                                                                        |                                                | DATE                                                                     | 8/10/2015                                                               |  |
| Approve Recommendation of Director of Human Resource                                                                                                                                        |                                                | 27112                                                                    | 0/10/2010                                                               |  |
| Disapprove Recommendation of Director of Human Resou                                                                                                                                        | rces                                           | Dorothy                                                                  | Sansoe                                                                  |  |
| Other:                                                                                                                                                                                      |                                                | (for) Com                                                                | oti ( A dissimilativata )                                               |  |
|                                                                                                                                                                                             |                                                | (lor) Cour                                                               | nty Administrator                                                       |  |
| BOARD OF SUPERVISORS ACTION:  Adjustment is APPROVED   DISAPPROVED                                                                                                                          | David                                          | David J. Twa, Clerk of the Board of Supervisors and County Administrator |                                                                         |  |
| DATE 8-18-15                                                                                                                                                                                | BY _                                           | BY Chris Hear                                                            |                                                                         |  |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES A                                                                                                                                                   | A PERSONNEL / SAL                              | ARY RESOLUTIO                                                            | ON AMENDMENT                                                            |  |
| OCITION AD ILICTARNET ACTION TO DE COMPLETED DATE                                                                                                                                           | I DECOLUDOES SERVI                             | T. (E. ) =                                                               |                                                                         |  |

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

P300 (M347) Rev 3/15/01