## **POSITION ADJUSTMENT REQUEST**

NO. <u>21813</u> DATE 12/23/2015

Department Health Services	Budget Unit No. 0450 Org No. 5752 Agency No. A18	
	Executive Assistant to the Development Disabilities Council (XOs	SB)
	Proposed Effective Date: 1/13/2016	
Classification Questionnaire attached: Yes <a> No</a> <a> S</a>	/ Cost is within Department's budget: Yes ⊠ No □	
Total One-Time Costs (non-salary) associated with requ		
Estimated total cost adjustment (salary / benefits / one t	time):	
Total annual cost <u>\$44,844.66</u>	Net County Cost \$0.00	
Total this FY \$7,411.69	N.C.C. this FY 0	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT F		
Department must initiate necessary adjustment and submit to Use additional sheet for further explanations or comments.	CAO.	
	Arlene J. Lozada	
	(for) Department Head	E
REVIEWED BY CAO AND RELEASED TO HUMAN RE	SOURCES DEPARTMENT	9
	Deputy County Administrator Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDA	ATIONS	
Exempt from Human Resources review under delegated		
Amend Resolution 71/17 establishing positions and resolutions allocating classes  Effective: Day following Board Action.  (Date)	es to the Basic / Exempt salary schedule.	
	(for) Director of Human Resources Date	
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Res	DATE <u>1/5/2016</u>	-
<ul><li>☐ Disapprove Recommendation of Director of Human F</li><li>☐ Other: <u>Approve as recommended by the department</u></li></ul>		
S .	(for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	David J. Twa, Clerk of the Board of Superv and County Administrator	isors
DATE 1-12-16	BY Chris Hear	
APPROVAL OF THIS ADJUSTMENT CONSTITU	ITES A PERSONNEL / SALARY RESOLUTION AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY H		

P300 (M347) Rev 3/15/01

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