POSITION ADJUSTMENT REQUEST

NO. <u>21893</u> DATE <u>7/18/2016</u>

Department Health Services	Department No./ Budget Unit No. <u>0450</u> Org No. <u>5797</u> Age	opov No. A19
Action Requested: Add two (2) Health Education Specialis		
	, parameter and the control of the	500 Dopartmont.
	Proposed Effective Date:	: <u>8/3/2016</u>
Classification Questionnaire attached: Yes \square No \boxtimes / C		
Total One-Time Costs (non-salary) associated with reques	t: <u>\$0.00</u>	
Estimated total cost adjustment (salary / benefits / one time	e):	
Total annual cost \$192,316.25	Net County Cost \$0.00	
Total this FY <u>\$128,210.83</u>	N.C.C. this FY \$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT $\underline{100}$	% Federally Qualified Health Care Reve	enues
Department must initiate necessary adjustment and submit to CA	,	
Use additional sheet for further explanations or comments.	o.	
	Arler	ne J. Lozada
	(for) De	partment Head
DEVIEWED BY OAC AND BELEACED TO HUMAN BECC		,
REVIEWED BY CAO AND RELEASED TO HUMAN RESC	DURCES DEPARTMENT	
	Enid Mendoza	7/25/2016
-	David O. J. Alliid	
	Deputy County Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATI	ONS	Date DATE
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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