## **POSITION ADJUSTMENT REQUEST**

NO. <u>21901</u> DATE <u>7/28/2016</u>

	No./ No. <u>0466</u> Org No. <u>5938</u> Agend	cv No. A18
Action Requested: Add one Substance Abuse Counselor (VHVC) po		
	Proposed Effective Date: 8	•
Classification Questionnaire attached: Yes ☐ No ☒ / Cost is with	•	
Total One-Time Costs (non-salary) associated with request: \$0.00		
Estimated total cost adjustment (salary / benefits / one time):		
	County Cost \$0.00	
	.C. this FY \$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 3 <sup>rd</sup> Party Reve		
<u> </u>	<u></u>	
Department must initiate necessary adjustment and submit to CAO.		
Use additional sheet for further explanations or comments.	Melissa (	Carofanello
	(for) Depa	rtment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES D	FPARTMENT	
	Enid Mendoza	8/4/2016
Depu	ity County Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS	DΔ	TE
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P300 (M347) Rev 3/15/01