## **POSITION ADJUSTMENT REQUEST**

NO. <u>21954</u> DATE <u>8/23/2016</u>

	rtment No./	NI 0004 A	N. 440
Department Health Services/WestCountyHealthCenter Budg			
Action Requested: Increase hours of one (1) Sterile Processin permanent intermittent to permanent full-time 40/40 in the Hea	g and Distribution T alth Services Depart	echnician (1EWA) ment.	position #14611 from
	-	d Effective Date: 1	10/1/2016
Classification Questionnaire attached: Yes ☐ No ☒ / Cost		_	
Total One-Time Costs (non-salary) associated with request: \$			
Estimated total cost adjustment (salary / benefits / one time):	<del></del>		
Total annual cost \$35,833.77	Net County Cost	\$0.00	
Total this FY \$29,861.47	N.C.C. this FY	\$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% H			
100701	Ospital Enterprise I	unu i	
Department must initiate necessary adjustment and submit to CAO.			
Use additional sheet for further explanations or comments.			
		Abigail	O'Connor
	_	(for) Depa	artment Head
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	Deputy County Ad		Date
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P300 (M347) Rev 3/15/01