POSITION ADJUSTMENT REQUEST

NO. <u>22242</u> DATE <u>2/21/2018</u>

	Department No./ Budget Unit No. <u>0540</u> Or	g No Agen	cy No. <u>18</u>
Action Requested: Add one Facilities Maintenance Mana		-	
	Proposed	Effective Date: 3/	14/2018
Classification Questionnaire attached: Yes ☐ No ☒ /	Cost is within Department	's budget: Yes 🛛	No 🗆
Total One-Time Costs (non-salary) associated with reque	st:		
Estimated total cost adjustment (salary / benefits / one tin			
Total annual cost \$165,936.00	Net County Cost	\$0.00	
Total this FY \$14,000.00	N.C.C. this FY	\$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT HO	spital Enterprise Funds		
	w		
Department must initiate necessary adjustment and submit to C Use additional sheet for further explanations or comments.	AO.		
ose additional sheet of iditile explanations of comments.		Anna Roth, Health	Services Director
	_	(for) Donor	trant Hood
*		(lor) Depar	ment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RES	OURCES DEPARTMENT		
	Line Dringell, County F	inanaa Diraatar	0/04/0049
	Lisa Driscoll, County F	inance Director	2/21/2018
	Deputy County Adr	puty County Administrator	
			Date
HUMAN RESOURCES DEPARTMENT RECOMMENDAT ADOPT Position Adjustment Resolution No. 22242 to add at salary plan and grade ZA5 1960 (\$8302-\$10,091) in the	IONS I one full-time Facilities Ma	DAT aintenance Manage	E <u>3/1/2018</u>
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P300 (M347) Rev 3/15/01