POSITION ADJUSTMENT REQUEST

NO. <u>22363</u> DATE <u>9/27/2018</u>

Department <u>Health Services</u> Bu	partment No./	N. 5704 A	N
	dget Unit No. <u>0467</u> O		
Action Requested: Add one (1) Mental Health Program Chi			Department.
Classification Questionnaire attached: Yes ☐ No ☒ / Co		d Effective Date:	
Total One-Time Costs (non-salary) associated with request:		it's budget. Yes 🖂	NO L
Estimated total cost adjustment (salary / benefits / one time)		9	
- · · · · · · · · · · · · · · · · · · ·			
Total annual cost \$223,742.00	Net County Cost		
Total this FY \$149,161.00	N.C.C. this FY		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100%	Mental_Health Servic	es Act	
Department must initiate necessary adjustment and submit to CAO Use additional sheet for further explanations or comments.			
•		Jo-Anne	Linares
	-	(for) Depart	tment Head
DEVIEWED BY CAO AND DELEASED TO HUMAN DESCRI			
REVIEWED BY CAO AND RELEASED TO HUMAN RESOL	RCES DEPARIMENT		
	Deputy County Ad	lministrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATION	NS .	DAT	E
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			E
Amend Resolution 71/37 establishing positions and resolutions allocating classes to the Effective: Day following Board Action.			E
Amend Resolution 71/47 establishing positions and resolutions allocating classes to the			E
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P300 (M347) Rev 3/15/01

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