POSITION ADJUSTMENT REQUEST

NO. <u>+</u> DATE <u>10/2/2018</u>

	ment No./ Unit No. <u>0466</u> Org No. <u>5911</u> Agency No. <u>A18</u>	
Action Requested: Add one Community Health Worker II (VKVI		
4	Proposed Effective Date:	
Classification Questionnaire attached: Yes ☐ No ☒ / Cost is		
Total One-Time Costs (non-salary) associated with request:	= ,	
Estimated total cost adjustment (salary / benefits / one time):		
Total annual cost \$95,172.00	Net County Cost \$0.00	
Total this FY <u>\$55,517.00</u>	N.C.C. this FY \$0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% S.	AMHWorks via Interagency Agreement with EHSD	
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.		
•	Sabrina Pearson	
	(for) Department Head	
DEVIEWED DV 04.0 AND DELETION TO THE PROPERTY OF THE PROPERTY		
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMENT	
	Deputy County Administrator Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS	DATE	
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P300 (M347) Rev 3/15/01