

POSITION ADJUSTMENT REQUEST

NO. 25606

DATE 21 May 2020

Department Health Services Department Department No./
 Budget Unit No. 0301 Org No. 5700 Agency No. 18

Action Requested:

Add Various Medical and Mental Health Positions (as listed in Attachment 1.) in the Health Services Department.

Proposed Effective Date: 26 May 2020Classification Questionnaire attached: Yes ☐ No ☒ / Cost is within Department's budget: Yes ☒ No ☐

Total One-Time Costs (non-salary) associated with request: \$ _____

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$ 3,329,808.85
 Total this FY \$ 277,484.07

Net County Cost \$ 3,329,808.85
 N.C.C. this FY \$ 277,484.07

SOURCE OF FUNDING TO OFFSET ADJUSTMENT _____

Department must initiate necessary adjustment and submit to CAO.
 Use additional sheet for further explanations or comments.

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Sarah Kennard for

21 May 2020

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective:

☒ Day following Board Action.☒ 27 May 2020 (Date)

(for) Director of Human Resources

COUNTY ADMINISTRATOR RECOMMENDATION

DATE _____

- ☐ Approve Recommendation of Director of Human Resources
☐ Disapprove Recommendation of Director of Human Resources
☐ Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment APPROVED ☒ DISAPPROVED ☒DATE May 26 2020

David Twa, Clerk of the Board of Supervisors
 and County Administrator

BY

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A

PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION
 Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 21 May 2020

No. _____

1. Project Positions Requested:

Yes

2. Explain Specific Duties of Position(s)

In response to increased need for healthcare services in county adult detention facilities.

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

General Fund.

4. Duration of the Project:

Start Date 5/26/2020End Date 06/2021 or longer

Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

Year to year

5. Project Annual Cost

1. Salary & Benefit Cost \$ _____

2. Support Cost \$ _____
(services, supplies, equipment, etc.)

3. Less revenue or expenditure \$ _____ 4. Net cost to General or other fund \$ _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:

- a) potential future costs
- b) legal implications
- c) financial implications
- d) political implications
- e) organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

None

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

N/A

9. How will the project position(s) be filled?

☐
☐
☐

- a) Competitive Examination(s)
- b) Existing employment list(s) Which one(s)
- c) Direct appointment of

☐

1. Merit system employee who will be placed on leave from current job

☐

2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

Print

Clear