POSITION ADJUSTMENT REQUEST

NO. 25635

DATE <u>10/13/20</u> Department No./

Department Health Services Action Requested: Add one (1) Infection Prevention and Conservices Department.		(VWS1)(represented	
	·	d Effective Date: 10	the state of the s
Classification Questionnaire attached: Yes No			
Total One-Time Costs (non-salary) associated with request: \$0.00			
Estimated total cost adjustment (salary / benefits / one tim	e):		
Total annual cost <u>\$286,216.52</u>	Net County Cost	· · · <u>0</u>	
Total this FY \$166,959.64	N.C.C. this FY	<u>\$0</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT: 100% FEMA COVID Response Funds			
Department must initiate necessary adjustment and submit to CA	NO.		
Use additional sheet for further explanations or comments.		Jo-Anne	Linares
		(for) Departi	ment Head
		(IOI) Departi	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT			
	Sarah Kenr	ard for	10/13/20
_	Deputy County A	Iministrator	Date
HUMAN DESCRIPCES DEDARTMENT DESCRIPCIONS			_
HUMAN RESOURCES DEPARTMENT RECOMMENDATION	JNS	DATE	<u> </u>
Amend Resolution 71/17 establishing positions and resolutions allocating classes to Effective: Day following Board Action. (Date)	the Basic / Exempt salary sched	ule.	
_	(for) Director of Hu	man Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resource.		DATE	
Disapprove Recommendation of Director of Human Re			
☐ Disapprove Recommendation of Director of Human Re☐ Other: Approve as recommended by the department.		(for) Count	y Administrator
	sources		y Administrator Board of Supervisors
Other: Approve as recommended by the department.	sources		e Board of Supervisors
Other: Approve as recommended by the department. BOARD OF SUPERVISORS ACTION:	sources	d J. Twa, Clerk of the	e Board of Supervisors
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Davi	d J. Twa, Clerk of the	e Board of Supervisors Administrator

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