POSITION ADJUSTMENT REQUEST

NO. <u>25703</u> DATE <u>3/15/2021</u>

Department No./

	COME 140. <u>0400</u> Of	g No. <u>5938</u> Agency	/ NO. <u>A 10</u>
Action Requested: Cancel one Substance Abuse Counselor (V			ubstance Abuse
Counselor-Project Spanish-flagged (VHV3) position in the Healt	h Services Departn	nent.	
	Proposed	Effective Date: 3/2	<u>24/2021</u>
Classification Questionnaire attached: Yes ☐ No ☒ / Cost i	s within Department	t's budget: Yes ⊠	No 🗆
Total One-Time Costs (non-salary) associated with request:	<u></u>		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$0.00	Net County Cost	\$0.00	
T-4-1-4b:- EV	N.C.C. this FY	\$0.00	
		<u>\$0.00</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost neu	<u>ıraı</u>		
Department must initiate necessary adjustment and submit to CAO.			
Use additional sheet for further explanations or comments.			_
		Sabrina	Pearson
		(for) Depart	ment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMENT		
	Sarah Kenna	ard for	3/15/2021
	Deputy County Adı	miniatratar	Date
	Deputy County Au	TIITIISTIALOI	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority. DATE			
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P300 (M347) Rev 3/15/01