POSITION ADJUSTMENT REQUEST

NO. <u>25734</u>
DATE <u>5/10/2021</u>

Department No./

| - | Department Health Services Department Budget Unit No. <u>0460</u> Org No. <u>5891</u> Agency No. <u>A18</u> Action Requested: Decrease the hours of Physical Therapist II (V5VF), position # 14707, from 20/40 to 4/40 and increase th | | | |
|---|---|---|--------------------------|--|
| hours of Physical Therapist II (V5VF), position #8375 from 24/4 | | - 14707, Irom 20/40 | to 4/40 and increase the | |
| | Propose | Proposed Effective Date: 6/1/2021 | | |
| Classification Questionnaire attached: Yes ☐ No ☒ / Cost i Total One-Time Costs (non-salary) associated with request: | s within Departmen | nt's budget: Yes ⊠ | No 🗆 | |
| Estimated total cost adjustment (salary / benefits / one time): | | | | |
| Total annual cost \$0.00 | Net County Cost | <u>\$0.00</u> | | |
| Total this FY \$0.00 | N.C.C. this FY | \$0.00 | | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Co | ost neutral (50% S | tate and 50% Count | y General funds) | |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. | | | | |
| | | Sabrina | Pearson | |
| | | (for) Depar | tment Head | |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE | ES DEPARTMEN | Г | | |
| | Sarah Kennard for 5/10/2021 | | | |
| | Deputy County Ad | dministrator | Date | |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority | ity | DAT | TE | |
| Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba | sic / Exempt salary sched | ule. | | |
| Effective: Day following Board Action. Day following Board Action. | | | | |
| | for) Director of Hui | man Resources | Date | |
| COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resource Disapprove Recommendation of Director of Human Resource Other: Approve as recommended by the department. | | DATE | <u>5/11/2021</u> | |
| | es | Enid Mendoza (for) County Administrator | | |
| | | | | |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED X DISARRROYED XXX | Mon | Monica Nino, Clerk of the Board of Supervisors and County Administrator | | |
| DATE06-01-2021 | BY . | BY June Malle | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES A | PERSONNEL / SA | ALARY RESOLUTIO | N AMENDMENT | |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN | RESOURCES DEP. | ARTMENT FOLLOWIN | NG BOARD ACTION | |

P300 (M347) Rev 3/15/01

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