POSITION ADJUSTMENT REQUEST

NO. <u>26337</u> DATE <u>8/20/2024</u>

	Departmer Budget Un		a No. 6109	Agency N	No. A18	
Department Health Services Budget Unit No. <u>0860</u> Org No. <u>6109</u> Agency No. <u>A18</u> Action Requested: Adopt Position Adjustment Resolution 26337 to add two (2) Registered Nurses (VWXG) and cancel two (2) Licensed Vocational Nurse positions #16040 and #17426 (VT7G) in the Health Services Department.						
()		•	Effective D	•		
Classification Questionnaire attached: Yes ☐ No ☒ /	Cost is wi	•		·	No 🛛	
Total One-Time Costs (non-salary) associated with reques		•	J	_	_	
Estimated total cost adjustment (salary / benefits / one tim						
Total annual cost \$325,515.33		et County Cost	\$0.00			
Total this FY \$271,262.76		C.C. this FY	\$0.00			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 10	0% HMO	Enterprise Fund	<u></u> l <u>s</u>			
Department must initiate necessary adjustment and submit to Ca	AO.					
Use additional sheet for further explanations or comments.				Carol Be	erger	
		_	(for) Departm	nent Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RES	OURCES	DEPARTMENT	-			
		Sarah Kenna	ard for		10/2/2024	
	Dep	outy County Adı	ministrator		Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Exempt from Human Resources review under delegated authority		DATE				
Amend Resolution 71/17 establishing positions and resolutions allocating classes to Effective: Day following Board Action. [to the Basic / E	xempt salary schedul	e.			
	(for)	Director of Hum	nan Resourc	ces	Date	
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resort Disapprove Recommendation of Director of Human Recommendation of Director of Human Recommendation of Director of Human Recommendation			DATE			
		_	(fo	or) County	/ Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		Monica Nino, Clerk of the Board of Supervisors and County Administrator				
DATE		BY _				
APPROVAL OF THIS ADJUSTMENT CONSTITUT	TES A PEI	RSONNEL / SA	LARY RES	OLUTION	I AMENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY H Adjust class(es) / position(s) as follows:	IUMAN RES	SOURCES DEPA	RTMENT FO	DLLOWING	BOARD ACTION	

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

Эе	partment No
١.	Project Positions Requested:
2.	Explain Specific Duties of Position(s)
3.	Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)
1.	Duration of the Project: Start Date End Date Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.
5.	Project Annual Cost
	a. Salary & Benefits Costs: b. Support Costs: (services, supplies, equipment, etc.)
	c. Less revenue or expenditure: d. Net cost to General or other fund:
S .	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.
3.	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
).	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