POSITION ADJUSTMENT REQUEST

NO. <u>26334</u> DATE <u>9/17/2024</u>

	Department No./		<u> </u>
Department <u>Health Services</u> Action Requested: Position Adjustment Resolution No. 2	Budget Unit No. <u>0540</u> Org N 6334 to increase and decre		
classifications in the Health Services Department (see Atta			Total and the second
*		ffective Date: 10/	
Classification Questionnaire attached: Yes No / (Cost is within Department's	budget: Yes 🛚	No 🗌
Total One-Time Costs (non-salary) associated with reques			
Estimated total cost adjustment (salary / benefits / one time	e):		
Total annual cost \$47,224.45	Net County Cost \$6	0.00	
Total this FY <u>\$35,418.34</u>	N.C.C. this FY \$6	0.00	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100	% Hospital Enterprise Fund	<u>d I</u>	
Department must initiate necessary adjustment and submit to CA	. O.		
Use additional sheet for further explanations or comments.		Corol B	
		Carol B	erger
		(for) Departr	nent Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESC	DURCES DEPARTMENT		
	Sarah Kennard	Sarah Kennard for 10/	
- The state of the	Deputy County Admir	victrotor	
	Deputy County Admir	iistiatoi	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATE Exempt from Human Resources review under delegated a		DATE	
Amend Resolution 71/17 establishing positions and resolutions allocating classes to			<u> </u>
Effective: Day following Board Action.	the basic / Exempt salary schedule.		
(Date)			
_	(for) Director of Human	Pasauros	Date
	(101) Director of Human		Date
COUNTY ADMINISTRATOR RECOMMENDATION:		DATE	
Approve Recommendation of Director of Human Resort			
☐ Disapprove Recommendation of Director of Human Re☐ Other:	sources		
		(for) County Administrator	
		(for) County	/ turning augr
BOARD OF SUPERVISORS ACTION:	Monica		
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Monica	Nino, Clerk of the	Board of Supervisors
Adjustment is APPROVED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	4		Board of Supervisors
Adjustment is APPROVED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Monica	Nino, Clerk of the	Board of Supervisors
Adjustment is APPROVED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BY	Nino, Clerk of the and County	Board of Supervisors Administrator
Adjustment is APPROVED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BY /	Nino, Clerk of the and County A	Board of Supervisors Administrator AMENDMENT

P300 (M347) Rev 3/15/01