## **POSITION ADJUSTMENT REQUEST**

NO. <u>26345</u> DATE <u>10/15/2024</u>

	tment No./			
Department <u>Health Services</u> Separtment <u>Heal</u>				
Mental Health Community Support Workers II and one (1) Ment	al Health Specialist	II to Behavioral Health B	Bridge Housing	
Programm in Health Services Department. (represented)(100%				
	•	Effective Date: 9/24/20		
Classification Questionnaire attached: Yes $\square$ No $\boxtimes$ / Cost i	s within Department	's budget: Yes ⊠ No l		
Total One-Time Costs (non-salary) associated with request:				
Estimated total cost adjustment (salary / benefits / one time):				
Total annual cost \$596,605.94	Net County Cost			
Total this FY <u>\$397,737.00</u>	N.C.C. this FY			
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Behavor	ial Bridge Housing P	<u>'rogram funds</u>		
Department must initiate necessary adjustment and submit to CAO.				
Use additional sheet for further explanations or comments.	Gregory Fiorina			
		(for) Department	Head	
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMENT			
	Sarah Kenna	rd for	10/15/24	
	Deputy County Adm	ninistrator	Date	
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS	1	DATE		
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Ba	sic / Exempt salary schedule	<u> </u>		
Effective: Day following Board Action.  [(Date)	, ,			
	for) Director of Huma	an Resources	Date	
COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Resources  Disapprove Recommendation of Director of Human Resources  Other:		DATE _		
	_	(for) County Ad	Iministrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Monic	Monica Nino, Clerk of the Board of Supervisors and County Administrator		
DATE	BY _			
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A	PERSONNEL / SAL	ARY RESOLUTION AN	MENDMENT	
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN Adjust class(es) / position(s) as follows:	RESOURCES DEPAR	RTMENT FOLLOWING BC	OARD ACTION	

P300 (M347) Rev 3/15/01

## **REQUEST FOR PROJECT POSITIONS**

Del	partment			
1.	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)			
4.	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:			
6.	Briefly explain the consequences of not filling the project position(s) in terms of: a. potential future costs b. legal implications c. financial implications			
7.	Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.			
8.	Departments requesting new project positions must submit an updated cost benefit analysis of each project position at 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			
9.	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