POSITION ADJUSTMENT REQUEST

NO. <u>26275</u> DATE <u>4/11/2024</u>

Department No./

| Department Employment and Human Services Action Requested: ADOPT Position Adjustment Resolution No. 26275 to (19) filled positions and their incumbents to SSPA I (X0WD). Refer to Attached: Yes Classification Questionnaire attached: Yes No / Cost is word Total One-Time Costs (non-salary) associated with request: \$0.00 Estimated total cost adjustment (salary / benefits / one time): Total annual cost \$0.00 | o reallocate sixty-f chment for position Proposed vithin Departmen | n numbers and class d Effective Date: 4 t's budget: Yes | and reclassify nineteen ssifications. |
|---|---|---|--|
| Total this FY \$0.00 | N.C.C. this F | · · · · · · · · · · · · · · · · · · · | |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT 59 | 9% Federal, 35% | State. and 6% C | ounty funds |
| Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments. | | Susan Bain, Dir. | . of Internal Operation |
| | | (for) Dep | partment Head |
| REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES | S DEPARTMENT | Г | |
| | Kaitlyn Jeffus f | or | 4/15/_24 |
| D | eputy County Ad | ministrator | Date |
| HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS Reallocate sixty-four (64) vacant positions and reclassify nineteen (Program Assistant I (XOWD). Refer to the Attachment for position reference: XX Day following Board Action. (Date) | | s and their incum | ATE 4/17/2024 hbents to Social Service |
| —— , | adys Reid | | 4/17/2024 |
| | | (for) Director o | f Human Resources Date |
| COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resources Other: | 5 | DATE | |
| | _ | (for) Co | ounty Administrator |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED | Moni | | the Board of Supervisors nty Administrator |
| DATE | BY _ | | |
| APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PI | ERSONNEL / SA | LARY RESOLUT | TION AMENDMENT |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RI | ESOURCES DEPA | ARTMENT FOLLOW | WING BOARD ACTION |

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

REQUEST FOR PROJECT POSITIONS

| De | partment No |
|----|---|
| 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: |
| ô. | 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. |
| 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 |
| 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