POSITION ADJUSTMENT REQUEST

NO. <u>26377</u> DATE <u>11/20/2024</u>

Department No./
Budget Unit No. 0301 Org No. 5700 Agency No. A18

Department Health Services Budg	et Unit No. <u>0301</u> O	rg No. <u>5700</u> Agency No	o. <u>A18</u>
Action Requested: Reassign one (1) Health Services Administration Health Division in the Health Services Department.	trator – Level C pos	s. #15965 from 0540/65	47 to 0301/5700
	Propose	d Effective Date: 7/1/20	024
Classification Questionnaire attached: Yes ☐ No ☒ / Cos	is within Departmer	nt's budget: Yes 🗵 🛛 No	o 🗌
Total One-Time Costs (non-salary) associated with request: _			
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost \$219,544.54	Net County Cost		
Total this FY	N.C.C. this FY		
SOURCE OF FUNDING TO OFFSET ADJUSTMENT Cost S	nift- Hospital EF I to	Martinez Detention Fac	ilities
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
		Gregory Fio	rina
	-	(for) Departme	nt Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOUR	CES DEPARTMEN	Т	
	Sarah Kenn	ard for	11/20/2024
	Deputy County Ad	ministrator	Date
		DATE	
HUMAN RESOURCES DEPARTMENT RECOMMENDATION	S	DATE _	
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Effective: Day following Board Action. 7/1/2024(Date)		•	
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P300 (M347) Rev 3/15/01