## **POSITION ADJUSTMENT REQUEST**

NO. <u>26299</u> DATE 7/15/2024

|  | 5                                      | Di  | 11L 1/13/2024                                   |  |
|--|--|---|---|--|
| Department Health Services   | Department No./ Budget Unit No         | Org No Age  | ency No. A18                                    |  |
| Action Requested: ADOPT Position Adjustment Resolution No. 26299 to establish the classification of Mental Health Clinical Specialist-Per Diem (VQSK) at salary plan and grade level TC5 1002 (\$10,793.76) in the Health Services Department (Represented). |  |   |   |  |
|  | Propose                                | d Effective Date: 7   | <u>//23/2024</u>                                |  |
| Classification Questionnaire attached: Yes   No   No   | / Cost is within Departme              | nt's budget:Yes 🛚   | No □  |  |
| Total One-Time Costs (non-salary) associated with req  | ·                                      | <b>5</b> _  | _   |  |
| Estimated total cost adjustment (salary / benefits / one   |  |   |   |  |
| ·  | •                                      | ተ0.00   |   |  |
| Total annual cost \$0.00   | Net County Cost                        |   |   |  |
| Total this FY <u>\$0.00</u>  | N.C.C. this FY                         | <u>\$0.00</u>   |   |  |
| SOURCE OF FUNDING TO OFFSET ADJUSTMENT   | Various Funding Sources                |   |   |  |
| Department must initiate necessary adjustment and submit to Use additional sheet for further explanations or comments.   | CAO.                                   |   |   |  |
|  |  | (for) Depa  | artment Head                                    |  |
| REVIEWED BY CAO AND RELEASED TO HUMAN RI   |  |   |   |  |
| REVIEWED BY GAO AND RELEASED TO HOWAIT RE  | LOOUNGEO DEFAITIMEN                    | 1   |   |  |
|  | Sarah Kenr                             | nard for  | 7/15/2024                                       |  |
|  | Deputy County Ac                       | dministrator  | Date  |  |
| HUMAN RESOURCES DEPARTMENT RECOMMEND<br>Establish the classification of Mental Health Clinical Sp<br>TC5 1002 (\$10,793.76)  |  |   | TE <u>7/19/2024</u><br>ary plan and grade level |  |
| Amend Resolution 71/17 establishing positions and resolutions allocating class   | ses to the Basic / Exempt salary sched | ule.  |   |  |
| Effective:   | Olaska Da                              | Olashia Daid  |   |  |
| ∐(Date)  | Gladys Re                              | ıa  | 7/19/2024                                       |  |
|  | (for) Director of Hu                   | man Resources   | Date  |  |
| COUNTY ADMINISTRATOR RECOMMENDATION:  Approve Recommendation of Director of Human Religious Disapprove Recommendation of Director of Human Other:  |  | DATE  |   |  |
|  | ·                                      | (for) County Administrator  |   |  |
| BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED  | Mor                                    | Monica Nino, Clerk of the Board of Supervisors and County Administrator |   |  |
| DATE   | BY                                     |   |   |  |
| APPROVAL OF THIS ADJUSTMENT CONSTIT  | UTES A PERSONNEL / SA                  | ALARY RESOLUTI  | ON AMENDMENT                                    |  |
| POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION  |  |   |   |  |

P300 (M347) Rev 3/15/01

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:   |  |  |  |  |
| 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 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