

2023-24 Adopted Position Changes

Recommended New Positions			
Department	Position	FTE	Funding Source
General Services	Supervising Parks and Facilities Maintenance Worker	1.0	General Fund
Health and Human Services	Public Assistance Specialists	6.0	Federal State
Health and Human Services	Health and Human Services Manager I	1.0	State
	Subtotal	8.0	
Positions Unfunded and Eliminated			
Department	Position	FTE	Funding Source
Health & Human Services	Emergency Preparedness Specialist	(1.0)	State
Library	Library Associate	(1.0)	State
	Subtotal	(2.0)	
	Net Position Requests	6.0	
Reclassifications			
Department	Position	FTE	Funding Source
Health & Human Services	Emergency Medical Services Program Coordinator - Extend	1.0	EMS Penalty/State
	Subtotal	1.00	



New Position Request & Justification Form

Instructions: This form is to be completed by the department when requesting a new position and submitted simultaneously to the department's assigned budget analyst and Human Resources analyst. If approved, this form will be attached to the Human Resources' staff report to the Board of Supervisors as justification for the recommended action. Please allow ten (10) business days for review and approval by DFS, CAO and Human Resources staff.

Basic Information

Date request submitted: 8/11/2023

Department making the request: General Services

Contact Person: Ryan Pistochini

Telephone Extension: 5005

Class of position requested: Supervising Parks & Facilities Worker

FTE requested: 1

Type of position: Permanent Extra Help
 Limited Term (funding expires: _____)

If extra help list dates: _____ to _____

Org Unit #:

Org Unit Name: GF Supervising Parks & Facilities Worker

Accounting Unit: 1001-7011-166020

Direct supervisor/manager: Jason Eisenhart

Location (address):

Justification for Requested Position

Why is the position needed? (Explain the job duties of this position and if this position will supervise. What alternatives were considered before requesting this position?)

Currently, there is a deficiency in the County's Parks and Recreation Division as there are no Supervisors overseeing the County's Parks and Recreation workers. This position would ensure proper supervision of the Parks and Recreation division and will provide complex staff assistance to management staff in areas of expertise that currently do not exist. Without this position, the Parks and Recreation Division will continue to be unsupervised and as such, opens the County up to possible personnel issues. Furthermore, as the Parks and Recreation division takes on new projects and adds new parks, while existing parks are deferring maintenance, this position will ensure that the County's parks do not fall into disrepair and safeguard a safe and clean environment for residents.

How does this position assist in accomplishing the goals of the Board of Supervisors strategic plan? (Explain how this position contribute to the **strategic plan** and department goals.)

This position contributes to the Thriving Residents, Safe Communities, Sustainable Environment, and Flourishing Agriculture strategic plan goals. As there are currently no Supervisors in the Parks and Recreation division, this position would ensure the completion of strategic goals by providing oversight, training, and supervision over the County's Park Workers, as well as ensuring a safe and clean environment for residents and visitors.

Budget impact of this position. (Explain how this position will be funded.)
General Fund

Approved By:

Date:



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 3, CHAPTER 1.101, FORM A

POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

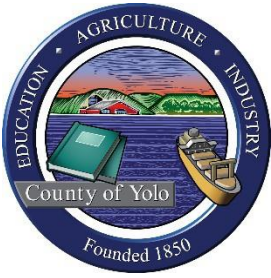
Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION

Branch: <input type="checkbox"/> Administration <input checked="" type="checkbox"/> Adult and Aging <input type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): BHBH & Homeless Services	Benefiting Subprogram(s): Homeless Services/MH/SUD
Hiring Manager: Marisa Green	Telephone Extension: 530-661-2685
Supervisor for Position: Marisa Green	
Position #: New Position	Vacancy Date: New Position
Current Position Classification: HHSA Manager I	Class of Position Requested: Manager
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address): 137 N. Cottonwood St, Woodland, CA. 95695	Cubicle/Office #: Bauer
Date Request Submitted: <u>8/3/2023</u>	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification. If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHSA Human Resources Manager.	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch. If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources Manager.
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COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

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SECTION B: POSITION JUSTIFICATION

1. Why is this position needed? What would be the impact if this position is not approved?

This position is needed because this is a new program with 3 sub-programs and will need a lot of oversight and coordination. If the position is not fillull we will not be able meet the grant requirements and we will not be able to stand up the program. This program requires a new skills set around realty and capital investments and master leases.

2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?

This position will have critical duties of managing multiple programs, as well as have an understanding/skill set in realty, capital investments and master leases, along with homeless services, mental health services and SUD services. These are new duties, as homelessness, physical health, mental health are now understood to combined together to impact individuals health, well-being, and life outcomes

3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.

This is a HHSA Manager I permanent position, and will supervise 1 HHSA Program Coordinator and 3-5 Administrative Services Analysts

4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?

This is a new program and we have already explored the staff that we have in homeless services This position is not a position that an extra help position could not fullfill. This is a highly specialized position that will be responsible for multiple programs and funding streams and needs to be a long term dedicated person that is willing to invest their time to learn the complexity of these systems and to be able to coordinate and manage multiple urgencies and systems at one time. This positon requires someone with knowlege or real estate, capital investment, master leasing, while also understanding homeless services, mental health services, SUD services and being able to mitigate and evaluate the systems as they intertwine.

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION C: APPROVALS

HHSA BRANCH DIRECTOR REVIEW

Branch Director Recommendation: Approved Disapproved

Comments:

Branch Director Signature: _____

Date: _____

HHSA HUMAN RESOURCES REVIEW

HR Recommendation: Approved Disapproved

Comments:

HR Signature: _____

Date: _____



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 3, CHAPTER 1.101, FORM A

POSITION REQUEST FORM

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Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION

Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s):	Benefiting Subprogram(s):
Hiring Manager:	Telephone Extension:
Supervisor for Position:	
Position #:	Vacancy Date:
Current Position Classification:	Class of Position Requested:
# of FTE Requested:	List Type: <input type="checkbox"/> Internal Recruitment <input type="checkbox"/> External Recruitment
Permanent or Limited Term: <input type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: _____	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

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COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION C: APPROVALS

HSA BRANCH DIRECTOR REVIEW

Branch Director Recommendation: Approved Disapproved

Comments:

Branch Director Signature: _____

Date: _____

HSA HUMAN RESOURCES REVIEW

HR Recommendation: Approved Disapproved

Comments:

HR Signature: _____ 

Date: _____