***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **August 1, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Melissa Cummins, Deputy CAO – Personnel & Risk Management** | **Phone:** | **530.842.8017** |
| **Address:** | **1312 Fairlane Road, Yreka CA 96097** |
| **Person Appearing/Title:** | **Melissa Cummins, Deputy CAO – Personnel & Risk Management Officer** |
| **Subject/Summary of Issue:** |
| The County Administrator’s Office is recommending approval of the personnel changes outlined below and in the attached resolution.Effective August 6, 2023:1. Delete Management Analyst I (1.0 FTE)
2. Create Management Analyst II (1.0 FTE)
3. Delete Behavioral Health Services Crisis Worker I (6.0 FTEs)
4. Delete Staff Services Analyst I (2.0 FTEs)
5. Create Staff Services Analyst I/II/III (2.0 FTEs)

  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | See Attached |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |  |
|       |
| **Recommended Motion:** |
| Adopt Resolution amending the Siskiyou County Position Allocation List, regarding Management Analyst I/II (1.0) FTE, Behavioral Health Services Crisis Worker I (6.0) FTEs, and Staff Services Analyst I/II/III (2.0) FTEs, effective August 6, 2023. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| CAO |       |  |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021