

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

11-15

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Health Officer to fill vacant full time Public Health Nurse position and un-allocate the PPT (0.7 FTE) Public Health Nurse position in the Health Department. Approve Budget Action transferring funds within the Health Department budget to cover vacant full-time Public Health Nurse position (\$19,567.00)

BACKGROUND AND HISTORY OF BOARD ACTIONS:

We have hired a full-time Nurse Manager/Director of Nursing into the position authorized by the Board at the end of last fiscal year. This was accomplished by promotion of a nurse who was a 0.4 FTE extra-help employee in the Health Department into the full-time position. This results in an ongoing salary savings in extra-help, equivalent to the 0.4 FTE position now vacated.

However, vacating the Extra Help position leaves the Health Department short-handed for nurses and leaves the nursing department vulnerable to instability. To augment field staff for adequate public health nursing coverage, I am requesting authorization to fill the currently vacant full-time Public Health nurse position with the current incumbent of the 0.7 FTE Public health nurse position.

The salary savings from the vacated 0.4 FTE Extra-Help Public Health nurse and the vacated 0.7 Permanent Part-time Public Health nurse positions is adequate to cover the cost of filling the full-time public health nurse position. See below.

Additionally, at least 50% of this position cost is billable to grant funds.

Position	Cost Prior FY	Cost with Requested Staffing
Nursing Manager/DON	\$158,815 *	\$118,158
0.7 FTE Public Health Nurse	\$65,178	\$0.00
0.4 Extra Help Public Health Nurse	\$27,747	\$0.00
1.0 FTE Public Health Nurse	\$ 0.00	\$93,112
Total	\$251,740	\$211, 270

* By contract with State

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ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? (X) Yes () No Current FY Cost: \$ 211,270 Annual Recurring Cost: \$ 211,270

Budgeted In Current FY? (X) Yes () No () Partially Funded

Amount in Budget: \$ 211,270

List Attachments, number pages consecutively

Additional Funding Needed: \$ 0

Budget Action Form

Source:

Internal Transfer _____

Unanticipated Revenue _____ 4/5's vote

Transfer Between Funds _____ 4/5's vote

Contingency _____ 4/5's vote

() General () Other

CLERK'S USE ONLY:

Res. No.: 11-15 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____

AW Approved

() Minute Order Attached () No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended

No Opinion

Comments:

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

CAO: *[Signature]*

