



Multnomah County Agenda Placement Request Budget Modification (FY 2018)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # DCM-01-19: Reclassification of two Finance Specialist 1 positions to Finance Specialist 2 positions

Requested Meeting Date: _____ **Time Needed:** _____

Department: 72 - County Management **Division:** Division of Assessment, Recording and Taxation

Contact(s): Debra Anderson and Michael Vaughn

Phone: 503-988-6355 **Ext.** 86355 **I/O Address** 503/2

Presenter Name(s) & Title(s): Consent Agenda

General Information

1. What action are you requesting from the Board?

Approval of reclassification #4054 and #4055 as recommended by the the Class Comp section of Central HR, for positions 700734 and 703123. Both Finance Specialist 1 positions are reclassified to Finance Specialist 2 positions effective December 2, 2017.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

This supervisor-initiated request in the Department of County Management's Division of Assessment, Recording, and Taxation (DART) is requested for reclassification from Finance Specialist 1 to Finance Specialist 2 as the result of higher-level duties being added to the positions. The purpose of the positions is to act as a professional level accountant for DART revenue management and provide analysis of financial transactions on behalf of all DART programs.

3. Explain the fiscal impact (current year and ongoing).

This action is cost neutral in the current fiscal year. The top of range of the new classification is 15.4% higher than the current classification. It is anticipated that in subsequent fiscal years the financial impact of the reclassification will be covered within existing resources.

4. Explain any legal and/or policy issues involved.

None

5. Explain any citizen or other government participation.

None

Budget Modification

6. What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).

None

7. What budgets are increased/decreased?

None

8. What do the changes accomplish?

Reclassification.

9. Do any personnel actions result from this budget modification?

NA

10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.

NA

11. Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?

NA

12. If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (e.g. cash match, in kind match, reporting requirements, etc)?

NA

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____