



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST CONTINGENCY REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 7/12/12
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 6/29/12

Agenda Title: **BUDGET MODIFICATION NonD-03 Reclassifying a Human Resource Analyst 1 to a Program Specialist as determined by Central Human Resources Classification Compensation unit.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: _____ **Time Needed:** Consent Calendar
Office of Diversity & Equity
Department: Nondepartmental **Division:** _____
Contact(s): Julie Neburka
Phone: 988-3312 **Ext.** 27351 **I/O Address:** 503/4
Presenter Name(s) & Title(s): N/A

General Information

1. What action are you requesting from the Board?

The department is requesting board approval of budget modification NonD-03 reclassifying a Human Resource Analyst 1 to a Program Specialist

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 modification reflects a Class/Comp decision on a reclassification request initiated by management. Class/Comp reviewed the submitted job duties and description on upon further review concluded that Program Specialist was the best fit for the position. The change impacts program offer 10033 Office of Diversity & Equity.

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

Personnel costs increase by \$5,814 and temporary personnel decreases by a like amount. On going personnel costs will be covered within existing program resources. Service reimbursement to the risk fund increases by \$350.

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

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

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

N/A

- What budgets are increased/decreased?

N/A

- What do the changes accomplish?

Approval of classification decision from Human Resources Classification Compensation unit that best reflects the duties of the position.

- Do any personnel actions result from this budget modification? Explain.

Yes, reclassification of a Human Resource Analyst 1 to Program Specialist.

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

N/A

- 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?

N/A

- 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 (i.e. cash match, in kind match, reporting requirements etc)?

N/A

Contingency Request

If the request is a **Contingency Request**, please answer **all** of the following in detail:

- Why was the expenditure not included in the annual budget process?
- What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- Why are no other department/agency fund sources available?
- Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account. What are the plans for future ongoing funding?
- Has this request been made before? When? What was the outcome?

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet. If it is a General Fund Contingency Request, a memo from the Budget Office must be submitted.

Required Signatures

**Elected Official
or Dept Director:** Daryl Dixon **Date:** 6/29/12

Budget Analyst:  **Date:** 6-29-12

Department HR: _____ **Date:** _____

Countywide HR: _____ **Date:** _____