



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST CONTINGENCY REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 3/14/13
 Agenda Item #: C.10
 Est. Start Time: 9:30 am
 Date Submitted: 2/26/13

Agenda Title: **BUDGET MODIFICATION DCA-15 Reclassifying an Information Specialist 1 to a Network Administrator Senior 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:	<u>3/14/13</u>	Time Needed:	<u>Consent Calendar</u>
Department:	<u>County Assets</u>	Division:	<u>IT</u>
Contact(s):	<u>Julie Neburka</u>		
Phone:	<u>988-3312</u>	Ext.	<u>27351</u>
		I/O Address:	<u>503/4</u>
Presenter Name(s) & Title(s):	<u>N/A</u>		

General Information

1. What action are you requesting from the Board?

The department is requesting board approval of budget modification DCA-15 reclassifying an Information Specialist 1 to a Network Administrator Senior.

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; a reclassification request initiated by management. The duties of this position were redesigned to include responsibility for enterprise-level security procedures and related technical controls, well as be the primary contact for SAP Information Security Incident Handling. Class/Comp reviewed the submitted job duties and description and concluded that the Network Administrator Senior was the best fit for the position. The program offer affected is 78029.

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

Personnel expenses are expected to remain unchanged for FY13.

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 this position.

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

Yes, reclassification of an Information Specialist 1 to Network Administrator Senior.

- **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: Sherry Swackhamer \s\ **Date:** 2/26/13

Budget Analyst: Jennifer Unruh **Date:** 2/25/13