



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-06-19: Reclassification of a Finance Specialist 2 to a Finance Specialist Senior

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

Department: 72 - County Management **Division:** _____

Contact(s): Debra Anderson and Matt Moline

Phone: 5039887990 **Ext.** 87990 **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 #4179 as recommended by the Class Comp section of Central HR, for position 712341, from a Finance Specialist 2 to a Finance Specialist Senior effective October 3, 2018.

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 vacant position in the Department of County Management's General Ledger (GL) work group is requested for reclassification from a Finance Specialist 2 to a Finance Specialist Senior. Since 2015, GL has had substantial turnover in staff, and work that was previously performed by a manager and supervisor is now performed by the team, including development of the Comprehensive Annual Financial Report (CAFR) and the Component Unit Financial Reports (CUFRs).

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

The action increases personnel costs by \$10,026 in the current fiscal year, and is offset by a reduction in Budgeted Overtime. The top range of the new classification is 19.5% 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).

Risk Fund revenue increases \$493.

7. What budgets are increased/decreased?

Risk Fund increases by \$493.

8. What do the changes accomplish?

NA

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: _____