



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 09/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-4 DATE 3/6/14
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 3/6/14
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 2/25/14

Agenda Title: BUDGET MODIFICATION DCM-08 Reclassifying a Management Assistant to a Budget Analyst Senior as determined by Central Human Resources Classification Compensation unit.

Note: if Contingency, use that form. If item other than a BudMod, please use different APR. : Title should not be more than 2 lines but sufficient to describe the action requested.

Requested Meeting Date: Next Available **Time Needed:** Consent
Department: County Management **Division:** Budget
Contact(s): Julie Neburka
Phone: 988-7580 **Ext.** 87580 **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 DCM-08 reclassifying a Management Assistant to a Budget Analyst 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 on a classification request initiated by management due to a need for increased capacity to provide support for the TeamBudget system, on-going budget activities, and analysis work for the Board of County Commissioners and Multnomah County departments. Class/comp reviewed the submitted job duties and description and concluded that Budget Analyst Senior was the best fit for the position. The change impacts Program Offer 72001 Budget Office.

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

This position is funded within existing resources.

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 Central 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 Management Assistant to a Budget Analyst 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

NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signatures

Elected Official or Dept Director: Kayne Kieta /s/ Date: 2/25/14

Budget Analyst: Ching Hay /s/ Date: 2/25/14

Department HR: _____ Date: _____

Countywide HR: _____ Date: _____

~~Note: Please submit electronically. Insert names of your approvers followed by /s/ -- we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."~~