



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 03/25/11)

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| Board Clerk Use Only | |
| Meeting Date: | 10/13/11 |
| Agenda Item #: | C.2 |
| Est. Start Time: | 9:30 am |
| Date Submitted: | 10/5/11 |

BUDGET MODIFICATION: DCM-03

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| Agenda Title: | BUDGET MODIFICATION DCM-03 Reclassifying a Finance Manager to a Finance Manager Senior as determined by Central Human Resources Classification Compensation unit. |
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Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.

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|--|-------------------|-------------------------------|------------------|
| Requested Meeting Date: | October 20, 2011 | Amount of Time Needed: | Consent Calendar |
| Department: | County Management | Division: | Finance & Risk |
| 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 DCM-03 reclassifying a Finance Manager to a Finance Manager 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 reclassification request initiated by management. Class/Comp reviewed the submitted job duties and description and concluded Finance Manager Senior was the best fit for the position. The change impacts program offers 72007 Chief Financial Officer, 72012 Employee Benefits, 72015 Liability Risk Management.

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

The reclassification is budget neutral in the current year. Ongoing changes will be covered with in

department 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

ATTACHMENT 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.**

Reclassification of a Finance Manager to a Finance Manager 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: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION:DCM-03

Required Signatures

Elected Official
or Department/
Agency Director:



Date:

10/05/11

Budget Analyst:



Date: 10/5/11

Christian Elkin

Department HR:



Date: 10/5/11

Candace Busby

Countywide HR:



Date:

10/5/11

Elizabeth Nunes