



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 8/22/13
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 8/9/13

BUDGET MODIFICATION DCA-03 Reclassifying a Facilities Specialist 2 to a Facilities Specialist 3 as determined by Central Human Resources Class/Comp 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: <u>Next available</u>	Time Needed: <u>Consent</u>
Department: <u>County Assets</u>	Division: <u>Facilities</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-03 reclassifying a Facilities Specialist 2 to a Facilities Specialist 3.

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 the employee. Class/comp reviewed the submitted job duties and description and concluded that Facilities Specialist 3 was the best fit for the position. The change impacts program offer 78005 Facilities Capital Operation Costs.

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

Permanent personnel costs will increase by \$11,060 offset with a reduction in temporary staffing and overtime. On going costs will be covered with existing program 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 Facilities Specialist 2 to a Facilities Specialist 3.

- 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: Sherry Swackhamer \s\ **Date:** 8/8/13

Budget Analyst: Jennifer Unruh \s\ **Date:** 8/7/13

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."