



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 09/23/13)

**Board Clerk Use Only**

Meeting Date: 5/22/14  
 Agenda Item #: C.2  
 Est. Start Time: 10:15 am  
 Date Submitted: 5/12/14

**BUDGET MODIFICATION DCM-13 Reclassifying Office Assistant Senior (Rep) to Office Assistant Senior (NR) 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:** \_\_\_\_\_ **Time Needed:** Consent  
**Department:** County Management **Division:** Human Resources  
**Contact(s):** Shaun Coldwell  
**Phone:** 988-8285 **Ext.** 88285 **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-13 reclassifying Office Assistant Senior (Rep) to Office Assistant Senior (NR).

**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 classification request 2441 initiated by management as a result of confidential duties related to collective bargaining that is now assigned. The position will be responsible for reception and administrative support for Benefits and Wellness, including collecting, reviewing, and preparing data and information related to collective bargaining.

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

Minimal as job classifications are similar, and overlap.

**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

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**Budget Modification**

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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 position from Office Assistant Senior (rep) to Office Assistant Sr. (NR).

- **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.*

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**Required Signatures**

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**Elected Official or Dept Director:** Karyne Kieta **Date:** 5/13/14

**Budget Analyst:** Ching Hay **Date:** 5/13/14

*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."*