



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # DCA-08-17: Reclass an IT Supervisor to IT Manager 1

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

Department: 78 - County Assets **Division:** Information Technology

Contact(s): Lisa Whedon and Chris Brower

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 DCA-08-17 reclassifying position 716026 an IT Supervisor to an IT Manager 1 in program offer 78309-17- IT Health & Human Services Application Services.

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 Class/Comp decision #3495. This management-initiated request for a filled position is for reclassification from an IT Supervisor to an IT Manager 1 as a result of changes that have gradually occurred since September 2015 when the Health & Human Services Applications Manager left.

As a result of a reorganization that has been occurring within IT, a blurring of department lines with respect to identifying, implementing, and supporting solutions that cross organizational boundaries has been underway; therefore, duties and responsibilities have been added to this position which include oversight of additional staff and coordination with DCHS, Health, DCJ, and MCSO applications development, business stakeholders, and projects. An analysis of the IT Supervisor, IT Manager 1, and IT Manager 2 classifications was performed before making an allocation decision: The duties, responsibilities and qualifications support this position be reclassified to IT Manager 1 (9452).

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

Personnel expenses are expected to increase \$8,982 in FY17. The current top step of the new classification is 8% higher than the top step of the original position. This will be off set by an decrease in Professional Services. The fund balance is not changed.

As a result of the increase in personnel cost the Risk Management program offer 72020-17 increases by \$468.

In subsequent fiscal years the reclassified position will be subject to the approved cost of living adjustments (COLA). The financial impact of the new classification will be funded within the ongoing department's budget.

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen or other government participation.

N/A

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).

As a result of the increase in personnel cost the Risk Management program offer 72020-17 revenue increases by \$468.

7. What budgets are increased/decreased?

This re-classification results in revenue and expense increase to the Risk Management fund by \$468.

8. What do the changes accomplish?

Approval of reclassification from the Human Resources Classification Compensation unit will best reflect the duties of the position.

9. Do any personnel actions result from this budget modification?

Yes, reclassification of position #716026- IT Supervisor (JCN 9451) to IT Manager 1 (JCN 9452) in program offer 7803-17.

10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.

N/A

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?

N/A

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)?

N/A

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____