



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 # HD-02-17: Authorizing one position re-classification within the Health Department

Requested Meeting Date: _____ **Time Needed:** N/A - Consent

Department: 40 - Health Department **Division:** Public Health

Contact(s): Robert Stoll – Budget & Finance Manager

Phone: (503) 988-8445 **Ext.** 88445 **I/O Address** 167/2/210

Presenter Name(s) & Title(s): N/A (Consent Agenda)

General Information

1. What action are you requesting from the Board?

Approval of staffing adjustments resulting from the reclassification of one position. This change will not impact the Health Department's total FTE for FY 2017.

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.

Reclassify a 1.00 FTE Finance Technician to a 1.00 FTE Office Assistant Senior, position 714530, in the Public Health Division of the Health Department. Class Comp approved the reclassification effective 11/20/15 (reclassification #3399). This position is responsible for setting up and confirming meeting locations; developing meeting agendas, sending out meeting requests and reminders, printing meeting materials, and taking minutes; maintaining calendars; coordinating catering; managing registration for events; responding to requests for program information; sending out weekly E-newsletter; providing community outreach; entering, compiling, and analyzing survey and events/trainings data; providing assistance to grant recipients to ensure compliance; making recommendations for changes or improvements; resolving billing issues by analyzing billing data and workflows; collaborating with program managers, operations staff, Accounts Receivable staff and/or Medicaid staff to identify and resolve billing discrepancies and errors; performing data entry to correct inaccurate EPIC billing data; supporting the Leadership team and executing special projects assigned by the program supervisor.

This change impacts program offer 40056 – Healthy Families and 40057 – Future Generations

Collaborative

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

This budget modification has no fiscal impact in the current year. Budgeted personnel costs are within the pay scales of the new classifications or other budgeted line items have been adjusted so that the changes are budget neutral.

The reclassification of position 714530 to an Office Assistant Senior is budget neutral, because the current budgeted pay for the position falls within the pay-scale of the new classification.

In subsequent fiscal years, the reclassified positions will be subject to approved cost of living adjustments (COLA) and step and merit pay increases in accordance with collective bargaining agreements and county personnel rules. Increased costs will be funded within the 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).

No change in revenues

7. What budgets are increased/decreased?

No financial impact on the budget and no change the Health Department's total FTE.

8. What do the changes accomplish?

Changes of classification for position 714530 better fit the duties of this positions as determined by the Class/Comp Unit of Central Human Resources.

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

Changes of classification for position 714530 better fit the duties of this positions as determined by the Class/Comp Unit of Central Human Resources.

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:	_____