



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 # DCHS-17-15: Reclassifying Program Specialist to Program Coordinator #2581

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

Department: 25 - County Human Services **Division:** Community Services

Contact(s): Mary Li

Phone: _____ **Ext.** 87497 **I/O Address** 167/2/200

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

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) is requesting approval of budget modification DCHS-17-15, authorizing the reclassification of a full-time Program Specialist position to a Program Coordinator position in Community Services (CS) as determined by the Class/Comp unit of Central Human Resources, Reclassification Request #2581.

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 budget modification reflects an HR Class/Comp decision on a reclassification request initiated by the employee in Program Offer 25139A-15 – Anti-Poverty Services. The employee submitted the request based on a shift of work assignments due to an increase in demand for specialized community outreach and a rapid influx of policy changes regarding access to social and health services. They are responsible for working directly with community led initiatives and community based organizations and serving as lead worker for assigned interns.

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

The pay scale for the Program Specialist position is the same as that of a Program Coordinator so there will be no financial changes in this fiscal year. Subsequent approved merit and COLA increases and will be absorbed within the division'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 revenue is being changed.

7. What budgets are increased/decreased?

There is a neutral impact to the DCHS Community Services budget as a result of this reclassification.

8. What do the changes accomplish?

This budget modification implements the decision from HR Class/Comp to reclassify a full-time Program Specialist position to a Program Coordinator in order to accurately reflect the actual functions and duties of the position involved.

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

Yes. The approval of this budget modification will result in reclassifying a full-time position in Community Services from a Program Specialist to a Program Coordinator 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: _____