



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-13-16: Reclassify an Office Assistant 2 and Incumbent to an Office Assistant Sr in DCHS DD Division

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

Department: 25 - County Human Services **Division:** Developmental Disabilities

Contact(s): Lois Bailor

Phone: (503) 988-6246 **Ext.** 86246 **I/O Address** 167/1/610

Presenter Name(s) & Title(s): _____

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-13-16, authorizing the reclassification of a full-time Office Assistant 2 position, along with the incumbent, to an Office Assistant Senior in the Developmental Disabilities Services Division (DDSD) as determined by the Class/Comp unit of Central Human Resources.

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 management in Program Offer 25010 - DD Administration & Support. DDSD submitted the request for an advanced level Office Assistant because during the last year, they have been undergoing many changes, including adding approximately 40 new positions. This has necessitated a position that will have a higher level of responsibility, advanced subject knowledge requirements, and the need to exercise significant independent judgment and initiative.

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

The current incumbent's pay rate as a Step 6 Office Assistant 2 is equal to a Step 1 Office Assistant Senior. However, the effective date of the reclassification is May 4, 2015 which will result in a slight increase in personnel costs for FY16 of \$183. The budget for Supplies will be reduced by a like amount to offset the increased personnel costs. Subsequent fiscal year personnel costs

for this position will be subject to approved merit and COLA increases and will be absorbed within the division's budget.

Service reimbursement from the Federal/State fund to the Risk Management fund will increase by \$46.

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).

There is no change in revenue.

7. What budgets are increased/decreased?

There is a neutral impact to the Developmental Disabilities Services budget as a result of this reclassification.

Service reimbursement from the Federal/State fund to the Risk Management fund will increase by \$46.

8. What do the changes accomplish?

This budget modification implements the decision from HR Class/Comp to reclassify a full-time Office Assistant 2 position and the incumbent to an Office Assistant Senior in order to accurately reflect the actual functions and evolving 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 the reclassification of a full-time position in Developmental Disability Services from an Office Assistant 2 to an Office Assistant Senior 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: _____