



**Multnomah County**  
**Agenda Placement Request**  
**Budget Modification**  
(FY 2018)

APPROVED: MULTNOMAH COUNTY

BOARD OF COMMISSIONERS

AGENDA # C-1 DATE 9/7/14

MARINA BAKER, ASST BOARD CLERK

**Board Clerk Use Only**

Meeting Date: 9/7/17

Agenda Item #: C.1

Est. Start Time: 9:30 am

Date Submitted: 8/16/17

**Agenda Title: BUDGET MODIFICATION # DCM-02-18: Reclassification from an Office Assistant 2 to an Office Assistant Senior in DCM DART**

Requested Meeting Date: September 7, 2017 Time Needed: \_\_\_\_\_

Department: 72 - County Management Division: \_\_\_\_\_

Contact(s): Debra Anderson and Michael Vaughn

Phone: 503-988-6355 Ext. 86355 I/O Address 503/2

Presenter Name(s) & Title(s): Consent Agenda

**General Information**

**1. What action are you requesting from the Board?**

Approval of reclassification #3804, as recommended by the Class Comp section of Central HR, for position 718041. An Office Assistant 2 is being reclassified to an Office Assistant Senior effective August 3, 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.**

This vacant position in the Department of County Management's Division of Assessment, Recording, and Taxation (DART) is requested for reclassification from Office Assistant 2 to Office Assistant Senior as the result of the workload becoming more complex and technical over time. The purpose of the position is to provide customer service and support for a variety of administrative duties in DART.

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

This action increases the salary and benefits of position 718041 in Program Offer 72023 by \$8,935 for fiscal year 2018. The top range of the new classification is 15.9% higher than the current classification. It is anticipated that in subsequent fiscal years the financial impact of the reclassification will be covered within existing resources.

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

None

**5. Explain any citizen or other government participation.**

None

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**Budget Modification**

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**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).**

Risk Fund increased by \$456 due to personnel budget changes.

**7. What budgets are increased/decreased?**

The Risk Fund increases by \$456 due to personnel budget changes.

**8. What do the changes accomplish?**

Reclassification.

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

NA

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

NA

**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?**

NA

**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)?**

NA

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**Required Signature**

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**Elected Official or  
Dept. Director:** Marissa Madrigal /s/

**Date:** 8-16-17

**Budget Analyst:** Ching Hay /s/

**Date:** 8-21-17

**Department HR:** Susan Yee /s/

**Date:** 8-16-17

**Countywide HR:** Karie Miller /s/

**Date:** 8-16-17

## Exp/Rev/FTE - Budget Modification

Budget Year: 2018

Budget Modification: DCM-02-18

### Expenditures & Revenues

An increase in revenue is shown as a negative value and a decrease as a positive value for consistency with SAP.

Line No.	Program Offer Number	Fund Code	Fund Center	Func. Area	Cost Object	Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal
1	72020-18	3500	72-80	0020	705210	50316 - Svc Rmb Med/Dental	(79,965,970)	(79,966,426)	(456)	
2	72020-18	3500	72-80	0020	705210	60330 - Claims Paid	6,248,719	6,249,175	456	
3500 Total										0
72-80 Total										0
Program Offer Number 72020-18 Total										0
3	72023-18	1000	72-30	0020	706201	60000 - Permanent	279,803	286,229	6,426	
4	72023-18	1000	72-30	0020	706201	60130 - Salary Related Expns	98,520	100,573	2,053	
5	72023-18	1000	72-30	0020	706201	60140 - Insurance Benefits	71,346	71,802	456	
6	72023-18	1000	72-30	0020	706201	60240 - Supplies	58,000	49,065	(8,935)	
1000 Total										0
72-30 Total										0
Program Offer Number 72023-18 Total										0

## Exp/Rev/FTE - Budget Modification

Budget Year: 2018

Budget Modification: DCM-02-18

### Annualized Personnel Changes

Change is shown on a full year basis even though this action affects only a part of the fiscal year (FY).

						Annualized				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
718041	6001	Office Assistant 2		1000	706201	(1.00)	(37,518)	(11,983)	(18,264)	(67,765)
718041	6002	Office Assistant/Sr		1000	706201	1.00	44,554	14,231	18,764	77,548
Total Annualized Changes:						0.00	\$7,036	\$2,248	\$500	\$9,783

### Current Year Personnel Changes

Cost/savings that will take place in this FY; these explain the actual dollar amounts being changed by this BudMod.

						Current Year				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
718041	6001	Office Assistant 2		1000	706201	(0.92)	(34,415)	(10,992)	(16,744)	(62,151)
718041	6002	Office Assistant/Sr		1000	706201	0.92	40,841	13,045	17,200	71,086
Total Current FY Changes:						0.00	\$6,426	\$2,053	\$456	\$8,935