



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST CONTINGENCY REQUEST

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 2/20/14
Agenda Item #: R.1
Est. Start Time: 9:30 am
Date Submitted: 2/12/14

Agenda Title: **BUDGET MODIFICATION Nond-11 – Increasing the County Auditor’s Salary per the County Charter**

Note: If not a Contingency BudMod, use APR_BudMod form. Title should not be more than 2 lines but sufficient to describe the action requested.

Requested Meeting Date: February 20, 2014 **Time Needed:** 5 minutes

Department: Nondepartmental **Division:** Auditor’s Office

Contact(s): Steve March

Phone: 503-988-5709 **Ext.** 85709 **I/O Address:** 503/6

Presenter Name(s) & Title(s): Steve March, County Auditor

General Information

1. What action are you requesting from the Board?

Approval of bud mod Nond-11, increasing the County Auditor’s salary for FY 2014 per the County Charter.

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.

The County Charter stipulates that the County Auditor’s salary shall equal four-fifths of a circuit court judge’s salary. House Bill 2322 passed in the 2013 Legislative session and increased the salaries of circuit court judges. This action will increase the County Auditor’s annual salary by \$4,014 to bring it to four-fifths of the new circuit court judge salaries. The total annual increase including associated salary related expenses is \$5,695.

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

This action will increase the County Auditor’s budget by \$5,695 in FY 2014, and the increase will be factored into the FY 2015 requested budget. Because some increase to the Auditor’s salary was anticipated during the FY 2014 budget process, an amount was set aside in the Board Clerks budget to cover the increase.

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

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

Budget Modification

If the request is a Budget Modification, please answer all of the following in detail:

- **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**
N/A
- **What budgets are increased/decreased?**
The County Auditor's budget is increased by \$5,695. The Office of the Board Clerk's temporary budget is decreased by the same amount.
- **What do the changes accomplish?**
The changes bring the County Auditor's salary into alignment with the County Charter requirements.
- **Do any personnel actions result from this budget modification? Explain.**
N/A
- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**
N/A
- **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
- **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 (i.e. cash match, in kind match, reporting requirements etc)?**
N/A

Required Signatures

Elected Official or Dept Director: Steve March, County Auditor **Date:** 2/11/2014

Budget Analyst: Christian Elkin /s/ **Date:** 2/11/2014

Department HR: _____ **Date:** _____

Countywide HR: _____ **Date:** _____

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."