



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

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # DCHS-21-18: Reclassification of a Position, and Incumbent, in the Department of County Human Services

Requested Meeting Date: 1/11/18 **Time Needed:** N/A (Consent Agenda)

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

Contact(s): Dawn Alisa Sadler

Phone: 503-988-9366 **Ext.** 89366 **I/O Address** _____

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-21-18, authorizing the downward reclassification of a Program Specialist Senior position, along with the incumbent, to a Program Specialist in the Developmental Disabilities Services Division (DDSD) as determined by the Class/Comp unit of Central Human Resources with reclassification request #3925.

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 was an employee-initiated request. No duties have been added or removed. In management's review of work that is being and has been performed by this position, it was determined the position is not classified appropriately. The purpose of this position is to provide technical assistance around program policies and procedures, assure program compliance, and coordinate with the State on program and operational issues. Central HR Class/Comp determined that the duties, responsibilities and qualification requirements involved best fit the Program Specialist classification.

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

By policy, employees in positions reclassified downward to a classification with a lower salary range receive no change in pay. The incumbent's pay exceeds the maximum of the lower salary

range and will, therefore, be frozen at the existing rate. As a result, there will be no financial or budgetary impact for the current fiscal year and on-going.

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?

No budgets are impacted with this reclassification.

8. What do the changes accomplish?

This budget modification implements the decision from HR Class/Comp to reclassify a Program Specialist Senior position, and the incumbent, downward to a Program Specialist in order to accurately reflect the actual functions and duties of the position.

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

Yes. The approval of this budget modification will result in reclassifying a position in Developmental Disabilities Services from a Program Specialist Senior to a Program Specialist as determined by the Class/Comp unit of Central Human Resources. This reclassification will be reflected in the upcoming FY19 budget.

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: _____