



Department of County Management  
**MULTNOMAH COUNTY OREGON**  
 Human Resources

Multnomah Building  
 501 SE Hawthorne, Suite 400  
 Portland, Oregon 97214  
 (503) 988-5015 Phone  
 (503) 988-3009 Fax

To: Colleen Bowles, FPM, Business Services, ext. 84189  
 From: Elisabeth S. Nunes, Classification and Compensation Unit (503/4) *Elisabeth S. Nunes*  
 Date: June 9, 2010  
 Subject: Reclassification Request #1448 (Facilities Specialist 1 to Contract Specialist)

We have completed our review of your request and the decision is outlined below.

**Request Information:**

Date Request Received: April 5, 2010	Position Number: 700003
Current Classification: Facilities Specialist 1	Requested Classification: Contract Specialist
Job Class Number: 6010	Job Class Number: 6015
Pay Grade: 20	Pay Grade: 25

Request is:  Approved as Requested      Effective Date: April 1, 2010  
 Approved - Revised  
 Denied

Allocated Classification: Contract Specialist	Job Class Number: 6015
Pay Range: \$23.16 - \$28.47 hourly	Pay Grade: 25

**This classification decision is subject to all applicable requirements stated in MC Personnel Rule 5-50 including the provision that Central HR may re-evaluate the classification decision to ensure duties and work are being carried out as originally described. Further, this allocation may require Board of County Commissioners' approval, and so this decision is considered preliminary until such approval is received.**

**Position Information:**

- Vacant - see New/Vacant Section
- Filled & incumbent reclassified - see Employee Information Section
- Filled & incumbent not reclassified with position - see New/Vacant Section

**Employee Information:**

Name of Incumbent Employee: Jennifer Tomasko  
 New Job Class Seniority Date: April 1, 2010

Date	Job Class and Number	Grade	Step	Rate	Action
March 31, 2010	Facilities Specialist 1 (6010)	20	8	\$24.56	Pre-reclass
April 1, 2010	Contract Specialist (6015)	25	3	\$24.56	Post-reclass

Employees in positions reclassified downward to a classification with a lower salary range will receive no change in pay. If an employee's pay exceeds the maximum of the lower salary range, pay will be frozen at the existing rate until the new salary range is higher than the employee's rate of pay. Compensation will be determined in accordance with applicable bargaining agreement or MC Personnel Rule 2-40. Any compensation or seniority adjustments will be processed in accordance with applicable bargaining agreement or MC Personnel Rule 5-50 and 2-40.

Per MC Personnel Rule 5-50-055, when the position is reclassified downward, the employee will be placed on the recall list for reappointment to the higher classification. The employee's Department Human Resource Unit will originate and process required documentation. Contact your Department HR Unit for additional information.

**Reason for Classification Decision:**

This position provides support for property management activities including contract administration, assisting with day-to-day business operations, organizing meetings, preparing meeting materials, and producing various ad-hoc reports. Primarily this function coordinates, maintains and monitors property management contracts and respective compliance processes for Facilities. Essential job functions include contract administration, property management administrative support, and budget development and monitoring.

Facilities Specialist 1 provides facilities planning, construction, property management and building data management technical and client service support at an entry level which includes performing basic production-oriented computer-aided drafting work; resource center management; archival coordination; conducting building and construction inspections; reviewing and assisting on updating tenant agreements; maintaining a resource center for building plans, equipment files and specifications; and providing programmatic support to other facilities personnel.

Contract Specialist provides contract management coordination between various operating programs to ensure the proper processing, procurement and tracking of contracts for service and supplies; ensures contracts meet all requirements for county standards and that all insurance and bonding mandates are met; guides assigned staff, interns or volunteers; and performs a variety of technical and administrative tasks relative to the assigned area of responsibility.

Contract Technician provides technical and administrative assistance in the development, tracking and monitoring of service and supplies contracts relating to the provision of services within one or more program area; prepares a variety of tracking reports. This class is distinguished by its focus on contract processing, routing and tracking and related data tracking. It is differentiated from the Contract Specialist by performing duties which support and assist in the processing, routing and tracking of contracts including the maintenance of contract files and data bases. Duties are routine in nature within established guidelines.

This position develops, writes, and generates contracts as well as amendments and extensions. Since the majority of the responsibilities go beyond processing and tracking, it best meets the criteria for Contract Specialist (6015).

**Appeal Rights**

The outcome of a reclassification request may be appealed under Article 15 of the Local 88 contract by filing a Step 3 grievance within fifteen (15) days of receipt of this notification letter.

If you have any questions, please feel free to contact me at 503-988-5015 ext.22342.

cc: Karin Lamberton, HR Manager  
Dorian Gualotunia, HR Analyst  
Leola Warner & Jacqueline Burns, HR Maintainers  
Local 88  
Class Comp File Copy

# PERSONNEL CHANGE ACTION FORM (Form HR 02-16)



Section A is required; other sections are optional as needed. Please forward to your Department Human Resources Staff.

<b>Section A: EMPLOYEE INFORMATION</b>	<b>Effective Date:</b> 4/1/10	<b>SAP Personnel #:</b> 1435
		<b>Social Security/DPSST #:</b>

**Name:** (last) **Tomasko** (first) **Jennifer** (initial) (known as)

(As appears on SSN)

**Explain reason for Action:** **Reclassification** **Supervisor:** Colleen Bowles

**Section B: Change/Job Position** Old Position Vacant  Yes  No

<input type="checkbox"/> <b>Employee Reassignment</b> Current position #: Current job class #: <input type="checkbox"/> 01 - Promotion <input type="checkbox"/> 02 - Promotion within MCCOA or DSA <input type="checkbox"/> 03 - Lateral Transfer <input type="checkbox"/> 04 - Equivalent Transfer <input type="checkbox"/> 05 - Demotion - Involuntary <input type="checkbox"/> 06 - Demotion - Voluntary <input type="checkbox"/> 07 - Job Rotation <input type="checkbox"/> 08 - Temporary to Regular <input type="checkbox"/> 09 - On-Call to Temporary	<input type="checkbox"/> 10 - On-Call to Regular <input type="checkbox"/> 11 - Temporary to On-Call <input type="checkbox"/> 12 - Fail. to Complete Probtrn/Transfer <input type="checkbox"/> 13 - Management to Executive <input type="checkbox"/> 14 - Executive to Management <input type="checkbox"/> 15 - Limited Duration Appointment <input type="checkbox"/> 16 - End of Limited Duration Appt <input type="checkbox"/> 17 - Shift Bidding <input type="checkbox"/> 20 - Lat Transfer - due to bumping/cuts <input type="checkbox"/> 21 - Demotion - due to bumping/cuts <input type="checkbox"/> 22 - Transfer - Dept Reorganization <input type="checkbox"/> 23 - Chg PA, Org Unit, Other Asgnmt <input type="checkbox"/> 24 - Recall from demotion/bumping	<input type="checkbox"/> 25 - Promotional probation - Layoff <input type="checkbox"/> 26 - Correct Record - see Text Note <input type="checkbox"/> 27 - Promotion / FTE Change <input type="checkbox"/> 28 - Lateral Transfer / FTE Change <input type="checkbox"/> 29 - Equivalent Transfer / FTE Change <input type="checkbox"/> 30 - Demotion - Invol / FTE Change <input type="checkbox"/> 31 - Demotion - Vol / FTE Change <input type="checkbox"/> 32 - Lateral Trans / Bumping/ FTE Chg <input type="checkbox"/> 33 - Demotion/Bumping / FTE Chg <input type="checkbox"/> 34 - Recall Demo/Bump-g/FTE Chg <input type="checkbox"/> 35 - Prom Probation - Layoff/FTE Chg <input type="checkbox"/> 36 - Direct Appointment
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<input checked="" type="checkbox"/> <b>Reclassification</b> <input type="checkbox"/> 01 - Employee Request-upward result <input type="checkbox"/> 02 - Supervisor Request-upward result <input type="checkbox"/> 03 - Employee Request-downward result <input type="checkbox"/> 04 - Supervisor Request-downward result <input type="checkbox"/> 05 - Employee Request-lateral result <input checked="" type="checkbox"/> 06 - Supervisor Request-lateral result <input type="checkbox"/> 07 - Classification Study <input type="checkbox"/> 08 - Compensation Study <input type="checkbox"/> 09 - Class/Comp Study <input type="checkbox"/> 10 - Other (see maintain text) <input type="checkbox"/> 15 - Reclass Denied	<input type="checkbox"/> <b>Temp Appt/ Work-out-of-class</b> <input type="checkbox"/> 01 - Temp Appt <input type="checkbox"/> 02 - Work-out-of-class  <input type="checkbox"/> Is employee receiving lead/premium pay?	<input type="checkbox"/> <b>End of Temp Appt/ Work-out-of-class</b> <input type="checkbox"/> 01 - End Temp Appt <input type="checkbox"/> 02 - End Work-out-of-class <input type="checkbox"/> 03 - End due to Promotion <input type="checkbox"/> 04 - End due to Promotion MCCOA/DSA  Expected End Date: <input type="checkbox"/> Restart Lead / Premium Pay?	<input type="checkbox"/> <b>Change in F.T.E.</b> <input type="checkbox"/> 01 - FTE Change only <input type="checkbox"/> 02 - FTE, FT to PT <input type="checkbox"/> 03 - FTE, PT to FT <input type="checkbox"/> 04 - FTE, FT to PT, Furlough <input type="checkbox"/> 05 - FTE Change only, Furlough
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<b>Employee Group:</b> <input type="checkbox"/> 1 - Reg - Represented <input type="checkbox"/> 2 - Reg - Non-Represented <input type="checkbox"/> 3 - Temp - No Benefits <input type="checkbox"/> 4 - Temp - Benefits <input type="checkbox"/> 5 - On-call <input type="checkbox"/> 6 - FLSA Exempt (Pros. Atty's)	<b>Employee SubGroup:</b> <input type="checkbox"/> 01 - Full Time Hourly <input type="checkbox"/> 02 - Part Time Hourly (Do Not use for 0088/0086) <input type="checkbox"/> 03 - Full Time Salaried no OT <input type="checkbox"/> 04 - Part Time Salaried no OT	<input type="checkbox"/> 05 - On-Call Variable Hourly <input type="checkbox"/> 06 - Full Time Salaried w/O <input type="checkbox"/> 07 - Part Time Salaried w/OT <input type="checkbox"/> 08 - Half Time Hourly (Only for 0088/0086) <input type="checkbox"/> 09 - Three Qtr Time Hourly (Only for 0088/0086)
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<b>Personnel SubArea:</b>	<b>Time Admin. Group</b> E30	<b>Work Schedule:</b> M-F	<b>FTE%:</b> From:	<b>Annual Salary:</b>
<b>Position #:</b> 700003			To:	
<b>Job #:</b> 6015	<b>Limited Duration End Date:</b>	<b>Hourly Rate:</b> 24.56	<b>Level (Step):</b> 3	<b>Semi-Monthly Salary:</b>

## Section C: Leaves/Suspensions

<input type="checkbox"/> <b>LOA-Paid</b> <input type="checkbox"/> 01 - FMLA & OFLA <input type="checkbox"/> 11 - Intermittent OFLA only <input type="checkbox"/> 02 - OFLA only <input type="checkbox"/> 03 - Educational Leave <input type="checkbox"/> 04 - Medical <input type="checkbox"/> 05 - Military Leave (Active Duty) <input type="checkbox"/> 06 - Other <input type="checkbox"/> 07 - Workers Comp-Elig for Supp Pay <input type="checkbox"/> 08 - Workers Comp FMLA Only <input type="checkbox"/> 09 - WC-Not Elig FMLA/Suppl(Active) <input type="checkbox"/> 10 - Intermittent FMLA & OFLA	<input type="checkbox"/> <b>LOA-FMLA/OFLA Unpaid</b> <input type="checkbox"/> 01 - FMLA & OFLA <input type="checkbox"/> 02 - OFLA Only <input type="checkbox"/> 03 - Workers Comp FMLA Only <input type="checkbox"/> 04 - Workers Comp FMLA & OFLA <input type="checkbox"/> 05 - Workers Comp OFLA Only  <input type="checkbox"/> <b>Disciplinary Suspension</b> <input type="checkbox"/> 01 - Without pay pending dismissal <input type="checkbox"/> 02 - Without pay not pending dismissal	<input type="checkbox"/> <b>LOA-Unpaid</b> <input type="checkbox"/> 01 - Educational Leave <input type="checkbox"/> 02 - Medical <input type="checkbox"/> 03 - Military Leave <input type="checkbox"/> 04 - WC-Not Elig FMLA/Suppl(Inactive) <input type="checkbox"/> 05 - Other
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<input type="checkbox"/> <b>Administrative Leave</b> <input type="checkbox"/> 01 - Pending results investigation <input type="checkbox"/> 02 - In Lieu of Overtime <input type="checkbox"/> 03 - Schedule Change <input type="checkbox"/> 04 - Furlough <input type="checkbox"/> 10 - Other (See Text Message)	<input type="checkbox"/> <b>Return Leave or Disciplinary Suspension</b> <input type="checkbox"/> 04 - Return from Paid Leave <input type="checkbox"/> 05 - Return from Unpaid Leave <input type="checkbox"/> 06 - Return from Paid Admin Leave <input type="checkbox"/> 07 - Return from Paid Discp Leave <input type="checkbox"/> 08 - Return from Unpaid Discp Leave	<b>Medical Cert Rec'd:</b>  <b>Expected LOA Return Date:</b>
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**Section D: Pay Changes**

<input type="checkbox"/> <b>Changes in Pay</b> <input type="checkbox"/> 01 - Special Pay Adjustment <input type="checkbox"/> 02 - Disciplinary Reduction in Pay <input type="checkbox"/> 03 - Disciplinary Reduction - Pay Reversed <input type="checkbox"/> 04 - Designated Lead/Premium <input type="checkbox"/> 05 - Designated Lead/Premium - Removed <input type="checkbox"/> 06 - COLA Increase during WOC <input type="checkbox"/> 07 - Step Increase during WOC		<input type="checkbox"/> <b>COLA &amp; Merit Increase</b> <input type="checkbox"/> 01 - Goals Met On Annual Evaluation <input type="checkbox"/> 02 - Goals Met on Re-Evaluation <input type="checkbox"/> 03 - Goals Not Met - COLA Only <input type="checkbox"/> 04 - Goals Not Met - Partial Merit <input type="checkbox"/> 05 - No Annual Evaluation - COLA only COLA%: _____ Merit Increase %: _____	
Special Pay Adjustment: _____	Lead / Premium Pay %: Add %: _____ End: <input type="checkbox"/>	Annual Salary w/ COLA & Merit Increase: _____	
Mileage Start date: _____ End date: _____			

**Section E: Termination ~ Last Day Worked: Position Vacant  Yes  No**

<input type="checkbox"/> <b>Termination – Voluntary</b> <input type="checkbox"/> 01 - Other Employment <input type="checkbox"/> 02 - Permanent Disability <input type="checkbox"/> 03 - Retirement (reg. or disability) <input type="checkbox"/> 04 - Family Demands – Staying Home <input type="checkbox"/> 05 - Insufficient Pay <input type="checkbox"/> 06 - Issues with Manager <input type="checkbox"/> 07 - Issues with Peers <input type="checkbox"/> 08 - Job Abandonment <input type="checkbox"/> 09 - Death <input type="checkbox"/> 10 - Personal Health		<input type="checkbox"/> <b>Termination – Involuntary</b> <input type="checkbox"/> 11 - School <input type="checkbox"/> 12 - Transportation/Commute <input type="checkbox"/> 13 - Working Hours <input type="checkbox"/> 14 - Other Voluntary Resignation <input type="checkbox"/> 15 - Voluntary Layoff <input type="checkbox"/> 20 - Attendance Unacceptable <input type="checkbox"/> 21 - Probationary Dismissal, Discharge or Invol Resignation Probationary Dismissal reason: _____ <input type="checkbox"/> 22 - End of Temp. or On-Call or Limited Duration <input type="checkbox"/> 23 - Failed Background Check <input type="checkbox"/> 24 - Layoff/Position Eliminated <input type="checkbox"/> 25 - Performance Exp. Not Met <input type="checkbox"/> 26 - Policy Violation <input type="checkbox"/> 27 - Other Involuntary Resignation <input type="checkbox"/> 28 - Look in File – Further Information <input type="checkbox"/> 29 - End of Apptmnt Elected Official Staff <input type="checkbox"/> 30 - Probationary - Layoff	
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**Section F: Cost / WBS Element Distribution – Long-Term Employee Cost Changes (IT0027)**

Cctr/WBS Element: 902400	%	Cctr/WBS Element:	%
Cctr/WBS Element:	%	Cctr/WBS Element:	%
Cctr/WBS Element:	%	Cctr/WBS Element:	%

**Section G: Date Specification (IT 0041) (HR UNIT USE ONLY)**

01 – Original Hire Date:	A5 – Step Increase Date:	Z1 – Benefit Eligibility:
07 – Current Hire Date:	AD – Application Date:	Z2 – Countywide Seniority:
	U3 – Est. Retirement Date:	
25 – Vacation Eligible:	Z0 – Accrual Base Start:	Z3 – Class Seniority:

**Section H: Objects on Loan (IT0040)**

ID Badge <input type="checkbox"/> received <input type="checkbox"/> returned Cellular Phone <input type="checkbox"/> received <input type="checkbox"/> returned Access Code (s) <input type="checkbox"/> received <input type="checkbox"/> returned I-Disc <input type="checkbox"/> received <input type="checkbox"/> returned Key(s) <input type="checkbox"/> received <input type="checkbox"/> returned Lab Coat <input type="checkbox"/> received <input type="checkbox"/> returned Laptop Computer <input type="checkbox"/> received <input type="checkbox"/> returned	Long Distance Access <input type="checkbox"/> received <input type="checkbox"/> returned Pager <input type="checkbox"/> received <input type="checkbox"/> returned Photo I.D. <input type="checkbox"/> received <input type="checkbox"/> returned Palm Pilot <input type="checkbox"/> received <input type="checkbox"/> returned Procurement Card <input type="checkbox"/> received <input type="checkbox"/> returned Travel Charge Card <input type="checkbox"/> received <input type="checkbox"/> returned Bus Pass <input type="checkbox"/> received <input type="checkbox"/> returned
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**Section I: Interoffice Communication & Work Location (IT9010)**

Building #:	Floor:	Room #:	Work Phone:	Extension:
Work Cell:	Work Pager:	Work Fax:	Work Location Bldg/ Floor:	Room #:

**Section J: Approval Signatures**

Manager/Supervisor: <i>C. A. Bell</i> Date: 8/11/10	Director (if applicable): _____ Date: _____
Department HR Unit: _____ Date: _____	Date of SAP Entry: _____