



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 # HD-07-17: Authorizing one position re-classification within the Health Department

Requested Meeting Date: _____ **Time Needed:** N/A - Consent

Department: 40 - Health Department **Division:** Integrated Clinic Services

Contact(s): Robert Stoll – Budget & Finance Manager

Phone: (503) 988-8445 **Ext.** 88445 **I/O Address** 167/2/210

Presenter Name(s) & Title(s): N/A (Consent Agenda)

General Information

1. What action are you requesting from the Board?

Approval of staffing adjustments resulting from the reclassification of one position. This change will not impact the Health Department’s total FTE for FY 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.

Reclassify a 1.00 FTE Office Assistant 2 to a 1.00 FTE Office Assistant Senior, position 701906, in the Integrated Clinical Services Division of the Health Department. Class Comp approved the reclassification effective 2/23/16 (reclassification #3537). This position is responsible for personnel payroll and timekeeping duties, including using SAP and cross-referencing the master schedule along with emails for sick calls; reviewing time and attendance, correcting payroll errors, and coding hours correctly; transferring time sheets into SAP, and handwriting hours in TARS; ensuring compliance with wage and hour laws, collective bargaining agreements, and County Personnel Rules. This position is also responsible for maintaining the schedule, filling sick calls, and processing vacation requests; reviewing the schedule several times per day to ensure coverage and filling holes according to the process established by the bargaining contract; consulting with managers to get approval for overtime and updating the schedule to reflect the changes.

This change impacts program offer 40051B – Corrections Health MCIJ General Housing Dorms 4-

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

This budget modification has no fiscal impact in the current year. Budgeted personnel costs are within the pay scales of the new classifications or other budgeted line items have been adjusted so that the changes are budget neutral.

The reclassification of position 701906 to an Office Assistant Senior is budget neutral, because the current budgeted pay for the position falls within the pay-scale of the new classification.

In subsequent fiscal years, the reclassified positions will be subject to approved cost of living adjustments (COLA) and step and merit pay increases in accordance with collective bargaining agreements and county personnel rules. Increased costs will be funded within the department's budget.

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).

No change in revenues.

7. What budgets are increased/decreased?

No financial impact on the budget and no change the Health Department's total FTE.

8. What do the changes accomplish?

Changes of classification for position 701906 better fits the duties of this position as determined by the Class/Comp Unit of Central Human Resources.

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

Reclassify a 1.00 FTE Office Assistant 2 to a 1.00 FTE Office Assistant Senior, position 701906, in the Integrated Clinical Services Division of the Health Department. Class Comp approved reclassification #3537.

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: _____