



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 8/15/13
Agenda Item #: C.8
Est. Start Time: 9:30 am
Date Submitted: 8/7/13

BUDGET MODIFICATION DCM-02 Reclassifying an Office Assistant 2 to Office Assistant Senior as determined by Central Human Resources Classification Compensation unit.

Note: if Contingency, use that form. If item other than a BudMod, please use different APR. : Title should not be more than 2 lines but sufficient to describe the action requested.

Requested Meeting Date: _____	Time Needed: <u>Consent</u>
Department: <u>Count Management</u>	Division: <u>Finance & Risk</u>
Contact(s): <u>Julie Neburka</u>	
Phone: <u>988-3312</u> Ext. <u>27351</u> I/O Address: <u>503/4</u>	
Presenter Name(s) & Title(s): <u>N/A</u>	

General Information

1. What action are you requesting from the Board?

The department is requesting board approval of budget modification DCM-02 reclassifying an Office Assistant 2 to Office Assistant Senior.

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 modification reflects a Class/Comp decision on a classification request initiated by management. Class/comp reviewed the submitted job duties and description and concluded that Office Assistant Senior was the best fit for the position. The change impacts program offer 72005 FRM Purchasing

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

Personnel cost increase by \$1,675 and dues & subscriptions are reduced by a like amount. On-going cost will be covered with existing program resources.

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?

N/A

- What do the changes accomplish?

Approval of classification decision from Central Human Resources Classification Compensation unit that best reflects the duties of the position.

- Do any personnel actions result from this budget modification? Explain.

Yes, reclassification of an Office Assistant 2 to Office Assistant Senior.

- 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

<p><i>NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.</i></p>

Required Signatures

Elected Official or Dept Director: Karyne Kieta /s/ Date: 8/7/13

Budget Analyst: Ching Hay /s/ Date: 8/7/13

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."