



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST CONTINGENCY REQUEST

(Revised: 8/18/11)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # 0-1 DATE 1/3/13
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 1/3/13
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 12/20/12

Agenda Title: **BUDGET MODIFICATION DCA-10 Reclassifying a Finance Technician to a Finance Specialist 1 in Administrative Finance HUB as determined by Central Human Resources Classification Compensation unit.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: 1/3/13 **Time Needed:** Consent
Department: County Assets **Division:** HUB
Contact(s): Julie Neburka
Phone: 988-3312 **Ext.** 27351 **I/O Address:** 503/4
Presenter Name(s) & Title(s): N/A

General Information

1. What action are you requesting from the Board?

The department is requesting board approval of budget modification DCA-10 reclassifying a Finance Technician to Finance Specialist 1.

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 Finance Specialist 1 was the best fit for the position. The change impacts program offer 78044 Administrative HUB: Finance & Administration.

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

Personnel cost will increase \$172 for the current year and overtime will decrease by a like amount. On-going cost will be covered with existing program resources. Service reimbursement to the risk fund increases by \$10.

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 a Finance Technician to a Finance Specialist 1.
- 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

Contingency Request

If the request is a Contingency Request, please answer all of the following in detail:

- Why was the expenditure not included in the annual budget process?
- What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- Why are no other department/agency fund sources available?
- Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account. What are the plans for future ongoing funding?
- Has this request been made before? When? What was the outcome?

NOTE: *If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet. If it is a General Fund Contingency Request, a memo from the Budget Office must be submitted.*

Required Signatures

Elected Official Sherry Swackhamer \s\ 12-20-12
or Dept Director: _____ **Date:** _____

Budget Analyst: Jennifer Unruh \s\ **Date:** 12-20-12

Budget Modification ID: **DCA-10****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: **2013**

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit		Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element						
1	78-30	1000	78044	20		704060		60000	404,832	404,956	124		Permanent
2	78-30	1000	78044	20		704060		60130	124,284	124,322	38		Salary Related
3	78-30	1000	78044	20		704060		60140	147,627	147,637	10		Insurance
4	78-30	1000	78044	20		704060		60110	6,820	6,648	(172)		Overtime
5													
6	72-80	3500	72020	20		705210		50316		(10)	(10)		Svc Reim Risk
7	72-80	3500	72020	20		705210		60330		10	10		Claims Paid
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